Mercy Fitzgerald Hospital Cardiology Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

ACCT: FA1307223089 REPORT #: 1027-0188 ROOM/BED: 506-01

SEX: M

ATTENDING: LITTMAN, MARIO, MD PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247

ADMIT DATE: 10/07/16

DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/27/16 10:29 Subjective

Not eating very much. Has pain at the surgical site in the right lateral chest. Denies worsening shortness of breath.

Objective

Medications

Medications Active List

Enoxaparin Sodium 40 mg DAILY Last administered on 10/27/16at 08:26; Start 10/11/16 at 10:45 Insulin Human Regular SS LOW DOSE LOW INTENSITY SCALE: Bl... Q6 Last administered on 10/22/16at 18:50; Start 10/12/16 at 07:45

Dextrose 16 gm PRN PRN Last administered on 10/12/16at 12:41; Start 10/12/16 at 11:45

Dextrose/Water 12.5 gm PRN PRN; Start 10/12/16 at 11:45

Risperidone 2 mg BID Last administered on 10/27/16at 08:26; Start 10/15/16 at 12:15

Haloperidol Lactate 5 mg Q6 PRN Last administered on 10/21/16at 04:22; Start 10/17/16 at 11:15

Clonazepam 1 mg BID Last administered on 10/27/16at 08:26; Start 10/19/16 at 10:45

Polyethylene Glycol 17 gm DAILY Last administered on 10/27/16at 08:25; Start 10/20/16 at 11:00

Senna/Docusate Sodium 1 tab BID Last administered on 10/27/16at 08:26; Start 10/23/16 at 10:45

Hydromorphone HCl 1 mg Q3H PRN Last administered on 10/26/16at 14:06; Start 10/24/16 at 17:45

Hydromorphone HCl 1.5 mg Q3H PRN Last administered on 10/27/16at 01:37; Start 10/24/16 at 17:45

Folic Acid 1 mg DAILY Last administered on 10/27/16at 08:26: Start 10/26/16 at 09:00

Thiamine HCI 100 mg DAILY Last administered on 10/27/16at 08:26; Start 10/26/16 at 09:00

Multivitamins Therapeutic 1 tab 1 tab DAILY Last administered on 10/27/16at 08:26; Start 10/26/16 at 09:00

Ceftriaxone Sodium 100 ml @ 100 mls/hr DAILY Last administered on 10/27/16at 08:26; Start 10/27/16 at 09:00

Nystatin 500 mu 500 mu QID Last administered on 10/27/16at 08:26; Start 10/26/16 at 17:00

Metronidazole/ Sodium Chloride 100 ml @ 200 mls/hr Q8 Last administered on 10/27/16at 05:41; Start 10/26/16 at 21:00

Acetaminophen 650 mg Q4H PRN Last administered on 10/27/16at 08:51; Start 10/27/16 at 08:30

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/27/16 10:00		121	31	129/105	97	Room Air		
10/27/16 09:00							2.00	
10/27/16 08:00	37.7							
10/25/16 11:00								40

PATIENT: EFUNNUGA OLUTOKUNBO

CC:

Mercy Fitzgerald Hospital Cardiology Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO MR#: F001250247

Weight in Kg

80.00

Bedside Blood Glucose

10/27/16 05:14: POC Glucose 127

Physical Exam

NAĎ, MMM No JVD

Decreased breath sounds on the right

Tachycardic but regular rhythm, S1 and S2 preserved, no murmur, rub or gallop

No lower extremity edema

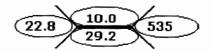
Normoactive bowel sounds, soft, nontender

Integumentary is warm and well-perfused

Results

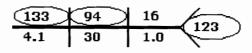
10/27/16 06:05

Lab Results, CBC Diagram



Lab Results, BMP Diagram

10/27/16 06:05



PT/PTT/INR

10/26/16 12:38: Activated Partial Thromboplast Time 37.4

10/27/16 06:05:

Prothrombin Time 15.8, Prothromb Time International Ratio 1.3

Diagnostics Reviewed: Yes

Diagnostic TracingsTelemetry: Sinus tachycardia

Impression and Plan

Problem List:

- (1) Drug overdose
- (2) Aspiration pneumonia
- (3) Pleural effusion
- (4) Abscess of lung with pneumonia
- (5) S/P thoracotomy
- (6) Tachycardia

Chronic Problems:

PATIENT: EFUNNUGA, OLUTOKUNBO

CC

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Mercy Fitzgerald Hospital Cardiology Progress Note

MR#: F001250247 PATIENT: EFUNNUGA, OLUTOKUNBO

Plan

Loculated pleural effusion, pulmonary abscess and bacteremia: Cultures repeatedly growing strep species. No evidence of infectious endocarditis on TEE.

Mildly reduced biventricular ventricular systolic function: This may be a stress-induced decreased in biventricular function. Clinically he appears euvolemic. He will need a repeat echocardiogram in 2-3 months or sooner if he decompensates after discharge to further evaluate and to determine if further workup is needed.

Tachycardia: This is sinus tachycardia and likely physiologic in this setting. He is not responding to fluid bolus challenges. He does not appear to be significantly dehydrated on exam. I agree with ruling out pulmonary emboli with CT angiogram. Since his tachycardia is persistent, add low-dose metoprolol tartrate 6.25 mg twice daily.

MENETREY, JAMMIE E DO

Oct 27, 2016 10:34

<Electronically signed by JAMMIE E MENETREY, DO> 10/27/16 1037

MENEJA / JEM / DD 10/27/16 1034 / DT 10/27/16 1034

PATIENT: EFUNNUGA, OLUTOKUNBO

Mercy Fitzgerald Hospital Infectious Disease Progress No

PATIENT: EFUNNUGA, OLUTOKUNBO

ACCT: FA1307223089 REPORT #: 1027-0259 ROOM/BED: 417-02

SEX: M

ATTENDING: LITTMAN, MARIO, MD PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247

ADMIT DATE: 10/07/16 DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/27/16 13:49

Service: Infectious Disease

Subjective

Pt alert, tolerating enteral via kaofeed tube, no fever increased chest pain or abdominal discomfort

Objective Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/27/16 11:00		126	32	157/79	97	Room Air		
10/27/16 09:00							2.00	
10/27/16 08:00	37.7							
10/25/16 11:00								40

Weight in Kg

80.00

10/27/16 11:14: POC Glucose 118

Bedside Blood Glucose

Physical Exam

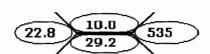
Tm 98.8

anicteric no stridor or meningismus right CT intact abd active bs nontender no guarding or pulsating iv access intact Neuro no tremor appreciated on intact ms 5/5 uper and lower plantars down

Results

10/27/16 06:05

Lab Results, CBC Diagram



Lab Results, BMP Diagram

PATIENT: EFUNNUGA, OLUTOKUNBO

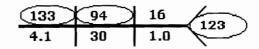
CC:

Mercy Fitzgerald Hospital Infectious Disease Progress No

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

10/27/16 06:05



PT/PTT/INR

10/27/16 06:05:

Prothrombin Time 15.8, Prothromb Time International Ratio 1.3 reviewed

Imaging

reviewed

Impression and Plan

Plan

bacteremia: strep mitis, repeat blood c/ sterile, TEE= n o vegetations or valvular abnormality,

pneumonia: aspiration, resolving

right pleural effusion: s/p decortication and drainage 10/24

HIVD: moderately advanced, CD4 240-300

elevated temperature:recurrent, presently resolved, new c/s sterile

confusion: resolving

leukocytosis: follow response to intervention

candidiasis: oropharyngeal switch to topical clotrimazole

abx mgmt:recommend discontinue metronidazole in 72 hrs, continue parental ceftriaxone

GILBERT, MARK, MD

Oct 27, 2016 13:53

Electronically signed by MARK GILBERT, MD> 10/27/16 1353

GILBMA / MG / DD 10/27/16 1353 / DT 10/27/16 1353

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

Mercy Fitzgerald Hospital Internal Med Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

ACCT: FA1307223089 REPORT #: 1028-0062 ROOM/BED: 411-02

SEX: M

ATTENDING: LITTMAN, MARIO, MD PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247

ADMIT DATE: 10/07/16 DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/28/16 07:18 Subjective

Patient seen, resting comfortably this morning, no new issues or events, chart reviewed

Objective

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2	
10/27/16 23:29	37.2	110	18	139/75	100	Nasal Cannula	2.00		
10/25/16 11:00								40	

Weight in Kg

80.00

Bedside Blood Glucose

10/28/16 05:55: POC Glucose 117
Appearance: : No Acute Distress
Thorax: : Decreased Breath Sounds
Cardiovascular: : Regular Rate Rhythm
Abdominal Inspection: : Normal
Abdomen: : Bowel Sounds Noted

Impression and Plan

Problem List: (1) Empyema

Impression and Plan: Status post Mini thoracotomy, decortication, unroofing of pulmonary abscess, plan to

continue with Rocephin and Flagyl and postop care

(2) Acute respiratory failure with hypoxia and hypercapnia Impression and Plan: stable, continue to monitor oxygenation

(3) AKI (acute kidney injury) Impression and Plan: Resolved

Chronic Problems:

HAMID, SAMMY, MD

Oct 28, 2016 07:21

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

Filed 05/03/18 Page 7 of 160 Case 2:18-cv-00924-PD Document 15-11

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Mercy Fitzgerald Hospital Internal Med Progress Note

MR#: F001250247 PATIENT: EFUNNUGA, OLUTOKUNBO

<Electronically signed by SAMMY HAMID, MD> 10/31/16 0611

HAMISA / SH / DD 10/28/16 0721 / DT 10/28/16 0721

PATIENT: EFUNNUGA, OLUTOKUNBO

PATIENT: EFUNNUGA, OLUTOKUNBO

ACCT: FA1307223089 REPORT #: 1028-0122 ROOM/BED: 411-02

SEX: M

ATTENDING: LITTMAN, MARIO, MD PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247

ADMIT DATE: 10/07/16 DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/28/16 08:38

Service: Internal Medicine

Subjective

Patient was examined bedside. He states that his chest discomfort has reduced. Also wonders when the feeding tube

tube can be removed. His shortness of breath has improved. No new complaints. Night was uneventful.

Appetite: Good Sleep: Fairly Good

Objective

Vital Signs, Last Documented

	Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
	10/27/16 23:29	37.2	110	18	139/75	100	Nasal Cannula	2.00	
1	10/25/16 11:00								40

Weight in Kg

80.00

Bedside Blood Glucose

10/28/16 07:19: POC Glucose 98

Physical Exam

General: no apparent distress, appears stated age

HNT: moist mucous membranes

Eyes: sclera anicteric

Thorax: clear to auscultation bilaterally, equal expansion

Cardiovascular: no jugular venous distension, no murmurs, pulse regular rate and rhythm

Abdomen: soft, non-tender, non-distended, bowel sounds noted

Extremities: no cyanosis, pulses 2+ bilaterally

Neurologic: alert/awake/oriented, grossly no abnormalities

Current Meds Reviewed: Yes

Medications

Medications Active List

Dose	Sig/Sch	Start Time	Status	Last Admin
Ordered		Stop Time		
40 mg	DAILY	10/11/16 10:45		10/28/16 08:31
(Ordered	Ordered	Ordered Stop Time	Ordered Stop Time

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

Mercy Fitzgerald Hospital Progress Note

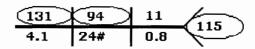
PATIENT: EFUNNUGA,OLUTOKUNBO MR#: F001250247

Insulin Human Regular	SS LOW DOSE LOW INTENSITY SCALE: Bl	Q6	10/12/16 07:45	10/22/16 18:50
Dextrose	16 gm	PRN PRN	10/12/16 11:45	10/12/16 12:41
Dextrose/Water	12.5 gm	PRN PRN	10/12/16 11:45	
Risperidone	2 mg	BID	10/15/16 12:15	10/28/16 08:30
Clonazepam	1 mg	BID	10/19/16 10:45	10/28/16 08:30
Polyethylene Glycol	17 gm	DAILY	10/20/16 11:00	10/28/16 08:31
Senna/Docusate Sodium	1 tab	BID	10/23/16 10:45	10/28/16 08:31
Hydromorphone HCI	1 mg	Q3H PRN	10/24/16 17:45	10/28/16 05:31
Hydromorphone HCI	1.5 mg	Q3H PRN	10/24/16 17:45	10/27/16 01:37
Folic Acid	1 mg	DAILY	10/26/16 09:00	10/28/16 08:31
Thiamine HCI	100 mg	DAILY	10/26/16 09:00	10/28/16 08:31
Multivitamins Therapeutic 1 tab	1 tab	DAILY	10/26/16 09:00	10/28/16 08:31
Ceftriaxone Sodium	100 ml @ 100 mls/hr	DAILY	10/27/16 09:00	10/28/16 08:32
Metronidazole/ Sodium Chloride	100 ml @ 200 mls/hr	Q8	10/26/16 21:00	10/28/16 05:31
Acetaminophen	650 mg	Q4H PRN	10/27/16 08:30	10/27/16 08:51
Metoprolol Tartrate	6.25 mg	Q12	10/27/16 21:00	10/28/16 08:31
Clotrimazole	10 mg	5XD	10/27/16 16:00	10/28/16 08:31

Labs Reviewed: Yes

10/28/16 06:20

Lab Results, BMP Diagram



Diagnostics Reviewed: Yes

Quality

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

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Mercy Fitzgerald Hospital Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO MR#: F001250247

Discussed Care Plan with: Patient

Code Status: Full Code

Line Necessity Addressed: Yes VTE Prophylaxis Ordered: Yes Indwelling Foley Catheter: No

Impression and Plan

Assessment

Problem List:

(1) Aspiration pneumonia

Impression and Plan: -Swallow video studies done yesterday.

- -Patient much more conscious than before(according to last notes)
- -Patient therapy on board and recommend--

Continue moist Puree diet level with Nectar thick liquids and extra gravy. ENT evaluation for right vocal cord dysfunction.

-Continue on IV ceftriaxone and metronidazole(D2) . Will stop metronidazole on D3 according to infectious disease recommendations.

(2) Suicide and self-inflicted poisoning by drugs and medicinal substances

Impression and Plan: -Patient came in with TCA overdose and suicidal attempt.

- -Patient had acute hepatic failure and elevated liver enzymes.
- -Patient continues to be in police custody with forelimbs handcuffed due to the same and some criminal history.
- -Continue on one-on-one, patient has been 302 ed .
- -Psychiatry on board appreciate their recommendations.

(3) Loculated pleural effusion

Impression and Plan: Patient underwent VATS procedure thoracotomy and decortication.

Surgery on board and have discontinued the thoracostomy tubes yesterday.

The effusion fluid grew--

Organism 1 BETA HEMOLYTIC STREP C

GROWTH MODERATE

Organism 2 STAPHYLOCOCCUS AUREUS

GROWTH RARE

Organism 3 CULTURE IN PROGRESS

STA AUREUS M.I.C. RX

IVI.I.C. FCA

TRIMET/SULFA <=10 S CLINDAMYCIN 0.25 S ERYTHROMYCIN <=0.25 S GENTAMICIN <=0.5 S LEVOFLOXACIN 0.25 S S LINEZOLID 2 S OXACILLIN 0.5 TETRACYCLINE >=16 S VANCOMYCIN

Lorazepam for agitation.

PATIENT: EFUNNUGA, OLUTOKUNBO

CC

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Mercy Fitzgerald Hospital Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO MR#: F001250247

Pain management--

- Acetaminophen 650 mg Q4 for mild pain (1-3)

- Hydromorphone 1 mg Q3 for moderate pain (4-6)
- Hydromorphone 1.5 mg Q3 for severe pain (7-10)

Risperidone 2 mg BID PO.

(4) Oral thrush

Impression and Plan: -Resolving DC now statin and had topical clotrimazole.

(5) Bacteremia

Impression and Plan: continue IV abx TEE- no vegetations.

(6) HIV (human immunodeficiency virus infection)

Impression and Plan: Patient's CD4 count is 254. We will continue HAART after he stabilizes. Infectious disease on

board.

Chronic Problems:

JADHAV, GAURAV P MD

Oct 28, 2016 08:43

< Electronically signed by GAURAV P JADHAV, MD> 10/29/16 2014

JADHGA / GJ / DD 10/28/16 0843 / DT 10/28/16 0843

PATIENT: EFUNNUGA, OLUTOKUNBO

Mercy Fitzgerald Hospital Cardiology Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

ACCT: FA1307223089 REPORT #: 1028-0155 ROOM/BED: 417-02

SEX: M

ATTENDING: LITTMAN, MARIO, MD PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247

ADMIT DATE: 10/07/16 DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/28/16 09:28 Subjective

Breathing and voice continue to improve. Chest pain is under better control at the surgical site. Denies abd pain.

Objective

Medications

Medications Active List

Enoxaparin Sodium 40 mg DAILY Last administered on 10/28/16at 08:31; Start 10/11/16 at 10:45 Insulin Human Regular SS LOW DOSE LOW INTENSITY SCALE: Bl... Q6 Last administered on 10/22/16at 18:50; Start 10/12/16 at 07:45

Dextrose 16 gm PRN PRN Last administered on 10/12/16at 12:41; Start 10/12/16 at 11:45

Dextrose/Water 12.5 gm PRN PRN; Start 10/12/16 at 11:45

Risperidone 2 mg BID Last administered on 10/28/16at 08:30; Start 10/15/16 at 12:15

Clonazepam 1 mg BID Last administered on 10/28/16at 08:30; Start 10/19/16 at 10:45

Polyethylene Glycol 17 gm DAILY Last administered on 10/28/16at 08:31; Start 10/20/16 at 11:00

Senna/Docusate Sodium 1 tab BID Last administered on 10/28/16at 08:31; Start 10/23/16 at 10:45

Hydromorphone HCl 1 mg Q3H PRN Last administered on 10/28/16at 05:31; Start 10/24/16 at 17:45

Hydromorphone HCl 1.5 mg Q3H PRN Last administered on 10/27/16at 01:37; Start 10/24/16 at 17:45

Folic Acid 1 mg DAILY Last administered on 10/28/16at 08:31; Start 10/26/16 at 09:00

Thiamine HCI 100 mg DAILY Last administered on 10/28/16at 08:31; Start 10/26/16 at 09:00

Multivitamins Therapeutic 1 tab 1 tab DAILY Last administered on 10/28/16at 08:31; Start 10/26/16 at 09:00 Ceftriaxone Sodium 100 ml @ 100 mls/hr DAILY Last administered on 10/28/16at 08:32; Start 10/27/16 at 09:00 Metronidazole/ Sodium Chloride 100 ml @ 200 mls/hr Q8 Last administered on 10/28/16at 05:31; Start 10/26/16 at 21:00

Acetaminophen 650 mg Q4H PRN Last administered on 10/27/16at 08:51; Start 10/27/16 at 08:30 Metoprolol Tartrate 6.25 mg Q12 Last administered on 10/28/16at 08:31; Start 10/27/16 at 21:00 Clotrimazole 10 mg 5XD Last administered on 10/28/16at 08:31; Start 10/27/16 at 16:00

Patient Data

Vital Signs, Last Documented

Tital Vigilo, East Doublinditos									
Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2	
10/28/16 08:00	37.2	110	18	148/75	98	Nasal Cannula	2.00	40	

Weight in Kg

80.00

Bedside Blood Glucose

PATIENT: EFUNNUGA, OLUTOKUNBO

CC

Mercy Fitzgerald Hospital Cardiology Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO MR#: F001250247

10/28/16 07:19: POC Glucose 98

Physical Exam

NAD, MMM No JVD

Decreased breath sounds on the right

Tachycardic but regular rhythm, S1 and S2 preserved, no murmur, rub or gallop

No lower extremity edema

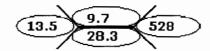
Normoactive bowel sounds, soft, nontender

Integumentary is warm and well-perfused

Results

10/28/16 06:20

Lab Results, CBC Diagram



Lab Results, BMP Diagram

10/28/16 06:20



Diagnostics Reviewed: Yes

Diagnostic Tracings

Telemetry: Sinus tach in the 130s

Impression and Plan

Problem List:

- (1) Drug overdose
- (2) Aspiration pneumonia
- (3) Pleural effusion
- (4) Abscess of lung with pneumonia
- (5) S/P thoracotomy
- (6) Tachycardia

Chronic Problems:

Plan

Loculated pleural effusion, pulmonary abscess and bacteremia: Cultures repeatedly growing strep species. No evidence of infectious endocarditis on TEE.

Mildly reduced biventricular ventricular systolic function: This may be a stress-induced decreased in biventricular function. Clinically he appears euvolemic. He will need a repeat echocardiogram in 2-3 months or sooner if he decompensates after discharge to further evaluate and to determine if further workup is needed.

PATIENT: EFUNNUGA OLUTOKUNBO

CC:

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Mercy Fitzgerald Hospital Cardiology Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO MR#: F001250247

Tachycardia: This is sinus tachycardia and likely physiologic in this setting. He is not responding to fluid bolus challenges. He does not appear to be significantly dehydrated on exam. I agree with ruling out pulmonary emboli with CT angiogram. Metoprolol tartrate 6.25 mg twice daily wad started today (pt refused dose yesterday); up-titrate beta blocker for heart rate control as BP will allow.

MENETREY, JAMMIE E DO

Oct 28, 2016 09:32

<Electronically signed by JAMMIE E MENETREY, DO> 10/28/16 0932

MENEJA / JEM / DD 10/28/16 0932 / DT 10/28/16 0932

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

Mercy Fitzgerald Hospital **Pulmonology Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

ACCT: FA1307223089 REPORT #: 1028-0246 ROOM/BED: 417-02

SEX: M

ATTENDING: LITTMAN, MARIO, MD PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247

ADMIT DATE: 10/07/16

DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/28/16 12:59

Service: Pulmonology

Subjective

Denies significant restaurant complaints, chest pain improved. Chest tube now discontinued

Objective

Active Meds Reviewed: Yes

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/28/16 12:44		107						
		114						
10/28/16 08:00	37.2		18	148/75	98	Nasal Cannula	2.00	40

Weight in Kg

80.00

Bedside Blood Glucose

10/28/16 07:19: POC Glucose 98

Appearance: : Lethargic: No Acute Distress

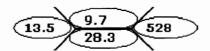
Thorax: : CTA Bilateral: Decreased Breath Sounds (right-side): No Accessory Muscle Use

Cardiovascular: : No JVD: Regular Rate Rhythm

Results

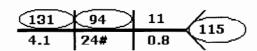
10/28/16 06:20

Lab Results, CBC Diagram



Lab Results, BMP Diagram

10/28/16 06:20



PATIENT: EFUNNUGA, OLUTOKUNBO

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Mercy Fitzgerald Hospital Pulmonology Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO MR#: F001250247

Imaging

Chest x-ray reviewed personally, significant improvement in bilateral lung opacification.

Impression and Plan

Problem List:

- (1) Aspiration pneumonia
- (2) Bacteremia
- (3) Empyema
- (4) S/P thoracotomy

Impression and Plan: Chest tube discontinued

- (5) Acute respiratory failure with hypoxia and hypercapnia
- (6) Suicidal overdose
- (7) Polysubstance abuse
- (8) Antisocial personality disorder in adult
- (9) HIV (human immunodeficiency virus infection)

Chronic Problems:

Plan

Complete IV antibiotics, follow temp. Incentive spirometry. Out of bed as tolerated. Follow chest x-ray. Will sign off, please call with questions.

Condition: Guarded

PILLAI, AJAY R, MD Oct 28, 2016 13:01

<Electronically signed by AJAY R PILLAI, MD> 10/28/16 1301

PILLAJ / ARP / DD 10/28/16 1301 / DT 10/28/16 1301

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

Mercy Fitzgerald Hospital Otolaryngology Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

ACCT: FA1307223089 REPORT #: 1028-0326 ROOM/BED: 411-02

SEX: M

ATTENDING: LITTMAN, MARIO, MD PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247

ADMIT DATE: 10/07/16 DOB: 03/06/1979

DOB. 03/00/1973

*** Signed Status ***

Subjective
Encounter Date & Time
10/28/16 16:09
Subjective
318986 consult done and dictated

Objective Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/28/16 12:44		107						
		114						
10/28/16 08:00	37.2		18	148/75	98	Nasal Cannula	2.00	40

Weight in Kg

80.00

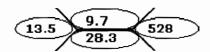
10/28/16 07:19: POC Glucose 98

Bedside Blood Glucose

Results

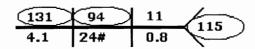
10/28/16 06:20

Lab Results, CBC Diagram



Lab Results, BMP Diagram

10/28/16 06:20



GHADERI, MAHMOUD DO

Oct 28, 2016 16:10

PATIENT: EFUNNUGA, OLUTOKUNBO

 ∞

Case 2:18-cv-00924-PD Document 15-11 Filed 05/03/18 Page 18 of 160

Page 2 of 2

Mercy Fitzgerald Hospital Otolaryngology Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO MR#: F001250247

<Electronically signed by MAHMOUD GHADERI, DO> 10/31/16 1321

GHADMA / MG / DD 10/28/16 1610 / DT 10/28/16 1610

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

Mercy Fitzgerald Hospital Infectious Disease Progress No

PATIENT: EFUNNUGA, OLUTOKUNBO

ACCT: FA1307223089 REPORT #: 1028-0350 ROOM/BED: 417-02

SEX: M

ATTENDING: LITTMAN, MARIO, MD PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247

ADMIT DATE: 10/07/16

DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/28/16 17:14

Service: Infectious Disease

Subjective

Pt alert, CT removed, local chest discomfort diminished, no fever, sore throat increased dyspnea or stool formation

Objective

Patient Data

Vital Signs, Last Documented

				9					
Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2	
10/28/16 12:44		107							
		114							
10/28/16 08:00	37.2		18	148/75	98	Nasal Cannula	2.00	40	

Weight in Kg

80.00

10/28/16 07:19: POC Glucose 98

Bedside Blood Glucose

Physical Exam

Tm 98.8

anicteric no stridor or meningismus decreased bs right lung bases abd active bs nontender no guarding or pulsation iv access intact no edema str intact Neuro no tremor appreciated

Results

10/28/16 06:20

Lab Results, CBC Diagram

9.7 28.3 528

Lab Results, BMP Diagram

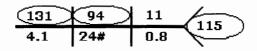
10/28/16 06:20

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

Mercy Fitzgerald Hospital Infectious Disease Progress No

PATIENT: EFUNNUGA, OLUTOKUNBO MR#: F001250247



Imaging reviewed

Impression and Plan

Plan

bacteremia: strep mitis, repeat blood c/ sterile, TEE= n o vegetations or valvular abnormality,

pneumonia: aspiration, resolving

right pleural effusion: s/p decortication and drainage 10/24

HIVD: moderately advanced, CD4 240-300

elevated temperature:recurrent, presently resolved, new c/s sterile

confusion: resolving

leukocytosis: follow response to intervention

candidiasis: oropharyngeal switch to topical clotrimazole

abx mgmt:recommend discontinue metronidazole in 72 hrs, continue parental ceftriaxone

discussed clinical presentation with pt

GILBERT, MARK, MD Oct 28, 2016 17:18

<Electronically signed by MARK GILBERT, MD> 10/28/16 1718

GILBMA / MG / DD 10/28/16 1718 / DT 10/28/16 1718

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

Mercy Fitzgerald Hospital General Surgery Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO MR#: F001250247

ACCT: FA1307223089 ADMIT DATE: 10/07/16 REPORT #: 1028-0364 DOB: 03/06/1979

ROOM/BED: 411-02 SEX: M

ATTENDING: LITTMAN, MARIO, MD PCP: DOCTOR, NONE (FAMILY)

*** Signed Status ***

Subjective

Encounter Date & Time

10/28/16 18:27

Service: General Surgery

Subjective

Patient was seen and examined. No acute events overnight. Patient resting comfortably in bed. Chest tubes were removed yesterday. Tolerating diet without any nausea or vomiting. Urinating.

Objective

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/28/16 17:00	36.8	108	20	130/78				
10/28/16 08:00					98	Nasal Cannula	2.00	40

Weight in Kg

80.00

Bedside Blood Glucose

10/28/16 07:19: POC Glucose 98

Physical Exam

Right sided chest tube incision clean dry and intact Chest tube site dressings clean with minimal soilage

Appearance: : Alert: Appears Stated Age: No Acute Distress **Head Exam:** : Atraumatic: Normocephalic: Symmetric

Eyes: : EOMI: Sclera Anicteric

Ears Nose Throat: No: Muffled Hoarse Voice

Thorax: : No Accessory Muscle Use **Cardiovascular:** : Regular Rate Rhythm **Abdomen:** : Non-tender: SoftNo: Distended

Extremity Appearance: LUE: Normal, RUE: Normal, LLE: Normal, RLE: Normal

Skin: : Skin Color Normal: Skin Temperature Normal

Neurologic: : Oriented x 3

Affect: : Normal

Results

Lab Results, CBC Diagram

PATIENT: EFUNNUGA OLUTOKUNBO

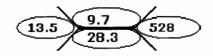
CC:

Mercy Fitzgerald Hospital General Surgery Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

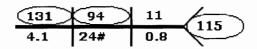
MR#: F001250247

10/28/16 06:20



Lab Results, BMP Diagram

10/28/16 06:20



Quality

Code Status: Full Code

Line Necessity Addressed: Yes VTE Prophylaxis Ordered: Yes Indwelling Foley Catheter: No Central Venous Catheter: No

Impression and Plan

Assessment Problem List:

(1) Loculated pleural effusion

Chronic Problems:

Management Plan

Plan

37M with past history of HIV, anxiety, and polysubstance abuse who was admitted after being found unresponsive at home. He has intubated on arrival on 10/17/16 and was extubated on 10/15/16. Since that time his chest x-rays have demonstrated right lower lobe consolidation and an increasing right pleural effusion, leading to failed attempts at IR drainage. Chest CT performed on 10/20/16 demonstrates a small to moderate loculated right effusion. Thoracic surgery is being consulted for evaluation and possible intervention for the patient's right loculated pleural effusion. Failed IR thoracentesis due to loculated pleural effusion

Continue care per primary team
Continue antibiotics
Diet as tolerated
Continue to monitor respiratory status
Encourage out of bed and incentive spirometer
Follow-up labs replete as needed
DVT prophylaxis

Thank you for consulting us on this patient's medical care. We will sign off now, please call back with any further questions or concerns.

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

Page 23 of 160 Case 2:18-cv-00924-PD Document 15-11 Filed 05/03/18

Page 3 of 3

Mercy Fitzgerald Hospital General Surgery Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO	MR#: F001250247

MARCOE, JEFFREY P MD

Oct 28, 2016 18:29

<Electronically signed by JEFFREY P MARCOE, MD> 10/28/16 1829 **Electronically signed by HAJI M SHARIFF, MD>** 11/18/16 1301

MARCJE / JM / DD 10/28/16 1829 / DT 10/28/16 1829

PATIENT: EFUNNUGA, OLUTOKUNBO

Patient: EFUNNUGA,OLUTOKUNBO MR # F001250247

DOB: 03/06/1979 Sex: M Acct # FA1307223089

Date: 10/29/16 Room/Bed: 411-02

Report # 1029-0108

*** Signed Status ***

DATE OF SERVICE: 10/29/2016

SUBJECTIVE:

Patient seen and examined, resting quietly. No adverse events overnight.

OBJECTIVE:

VITAL SIGNS: Blood pressure 130/82, temperature 37.2. GENERAL: Patient appears to be in no acute distress. LUNGS: Decreased breath sound, posterior chest wall.

HEART: S1, S2.

ABDOMEN: Soft, normoactive bowel sounds. EXTREMITIES: Without calf tenderness.

LABORATORY DATA:

CBC: WBC 14.1, hemoglobin 10.1, hematocrit 29.1, platelet count 581. SMA-6: Sodium 129, potassium 4.3, chloride 95, CO2 25, BUN 12, creatinine 0.9, blood glucose 103.

IMAGING STUDIES:

Chest x-ray (10/28/2016) shows bilateral small pleural effusions, no pneumothorax.

ASSESSMENT AND PLAN:

- 1. Empyema, status post mini thoracotomy with decortication, unroofing a pulmonary abscess. Continue postoperative care (chest tube is out) as well as antimicrobial therapy (Flagyl and ceftriaxone per Infectious Disease).
- 2. Acute respiratory failure with hypoxia and hypercapnia, stable.
- 3. Acute kidney injury, now with stable creatinine.
- 4. Toxic encephalopathy.

DICTATED BY: Mario Littman, MD

Job #:319711 Doc #:688532

<Electronically signed by MARIO LITTMAN, MD> at 10/29/16 1355

LITTMAN, MARIO MD

LITTMAR / NE / DD 10/29/16 0937 / DT 10/29/16 1057

CC: LITTMAN, MARIO, MD REPORT #: 1029-0108 REPORT STATUS: Signed

PATIENT: EFUNNUGA, OLUTOKUNBO MR#: F001250247

ACCT: FA1307223089 ADMIT DATE: 10/07/16 REPORT #: 1029-0138 DOB: 03/06/1979 ROOM/BED: 411-02

SEX: M

ATTENDING: LITTMAN, MARIO, MD PCP: DOCTOR, NONE (FAMILY)

*** Signed Status ***

Subjective

Encounter Date & Time

10/29/16 11:43

Service: Internal Medicine

Subjective

Patient was examined bedside. He states that he feels much more energetic today than the day before. No new

complaints. Night was uneventful

Appetite: Good Sleep: Fairly Good

Objective

Vital Signs, Last Documented

Date Time	Tomp	Dulco	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flour Data	F:02
Date Time	Temp	Pulse	_resp_	D/P	Puise Ox	O2 Delivery	O2 Flow Rate	FiO2
10/29/16 10:36						Nasai Cannula	2.00	40
10/29/16 07:00	37.2	110		130/82	100			
		20						
10/29/16 02:35			16					

Weight in Ka

80.00

Bedside Blood Glucose

10/29/16 11:16: POC Glucose 107

Physical Exam

General: no apparent distress, appears stated age

HNT: moist mucous membranes

Eyes: sclera anicteric

Thorax: clear to auscultation bilaterally, equal expansion

Cardiovascular: no jugular venous distension, no murmurs, pulse regular rate and rhythm

Abdomen: soft, non-tender, non-distended, bowel sounds noted

Extremities: no cyanosis, pulses 2+ bilaterally

Neurologic: alert/awake/oriented, grossly no abnormalities

Current Meds Reviewed: Yes

Medications

Medications Active List

Medications	Dose	Sig/Sch	Start Time	Status	Last Admin			
	Ordered		Stop Time					

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

Page 2 of 4

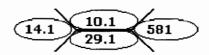
PATIENT: EFUNNUGA,OLUTOKUNBO MR#: F001250247

Enoxaparin Sodium	40 mg	DAILY	10/11/16 10:45	10/29/16 09:02
Dextrose	16 gm	PRN PRN	10/12/16 11:45	10/12/16 12:41
Dextrose/Water	12.5 gm	PRN PRN	10/12/16 11:45	
Risperidone	2 mg	BID	10/15/16 12:15	10/29/16 09:01
Polyethylene Glycol	17 gm	DAILY	10/20/16 11:00	10/29/16 09:05
Senna/Docusate Sodium	1 tab	BID	10/23/16 10:45	10/29/16 09:01
Folic Acid	1 mg	DAILY	10/26/16 09:00	10/29/16 09:01
Thiamine HCI	100 mg	DAILY	10/26/16 09:00	10/29/16 09:02
Multivitamins Therapeutic 1 tab	1 tab	DAILY	10/26/16 09:00	10/29/16 09:01
Ceftriaxone Sodium	100 ml @ 100 mls/hr	DAILY	10/27/16 09:00	10/29/16 09:02
Acetaminophen	650 mg	Q4H PRN	10/27/16 08:30	10/29/16 04:44
Metoprolol Tartrate	6.25 mg	Q12	10/27/16 21:00	10/29/16 09:02
Clotrimazole	10 mg	5XD	10/27/16 16:00	10/29/16 09:01
Clonazepam 1 mg	1 mg	Q12H PRN	10/28/16 21:00	10/28/16 21:21
Metronidazole/ Sodium Chloride	100 ml @ 200 mls/hr	Q8	10/28/16 21:00 10/31/16 06:00	10/29/16 04:44
Insulin Human Lispro	SS LOW DOSE LOW INTENSITY SCALE: BI	ACHS	10/29/16 11:00	

Labs Reviewed: Yes

10/29/16 06:26

Lab Results, CBC Diagram



Lab Results, BMP Diagram

10/29/16 06:26

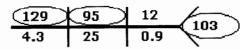
PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

Page 3 of 4

Mercy Fitzgerald Hospital Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO MR#: F001250247



Diagnostics Reviewed: Yes

Quality

Discussed Care Plan with: Patient

Code Status: Full Code

Line Necessity Addressed: Yes VTE Prophylaxis Ordered: Yes Indwelling Foley Catheter: No

Impression and Plan

Assessment Problem List:

(1) Aspiration pneumonia

Impression and Plan: -Swallow video studies done yesterday.

- -Patient much more conscious than before (according to last notes)
- -Patient therapy on board and recommend--

Continue moist Puree diet level with Nectar thick liquids and extra gravy.

- -ENT evaluated the patient yesterday and states that no intervention is required currently.
- -Continue on IV ceftriaxone and metronidazole(D3) . Will stop metronidazole on D3 according to infectious disease recommendations.

(2) Suicide and self-inflicted poisoning by drugs and medicinal substances

Impression and Plan: -Patient came in with TCA overdose and suicidal attempt.

- -Patient had acute hepatic failure and elevated liver enzymes.
- -Patient continues to be in police custody with forelimbs handcuffed due to the same and some criminal history.
- -Continue on one-on-one, patient has been 302 ed .
- -Psychiatry on board appreciate their recommendations.

(3) Loculated pleural effusion

Impression and Plan: Patient underwent VATS procedure thoracotomy and decortication.

Surgery on board and have discontinued the thoracostomy tubes yesterday.

The effusion fluid grew--

Organism 1 BETA HEMOLYTIC STREP C

GROWTH MODERATE

Organism 2 STAPHYLOCOCCUS AUREUS

GROWTH RARE

Organism 3 CULTURE IN PROGRESS

STA AUREUS M.I.C. RX

TRIMET/SULFA <=10 S CLINDAMYCIN 0.25 S

PATIENT: EFUNNUGA, OLUTOKUNBO

CC

Page 4 of 4

Mercy Fitzgerald Hospital Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO MR#: F001250247

ERYTHROMYCIN <=0.25 S GENTAMICIN <=0.5 LEVOFLOXACIN 0.25 S LINEZOLID 2 S OXACILLIN 0.5 S TETRACYCLINE >=16 R S VANCOMYCIN 1

Lorazepam for agitation.

Pain management--

- Acetaminophen 650 mg Q4 for mild pain (1-3)
 - Hydromorphone 0.5 mg Q3 for moderate pain (4-6)
 - Hydromorphone 1 mg Q3 for severe pain (7-10)

Risperidone 2 mg BID PO.

(4) Oral thrush

Impression and Plan: -Resolving DC now statin and had topical clotrimazole.

(5) Bacteremia

Impression and Plan: continue IV abx TEE- no vegetations.

(6) HIV (human immunodeficiency virus infection)

Impression and Plan: Patient's CD4 count is 254. We will continue HAART after he stabilizes. Infectious disease on

board,

Chronic Problems:

JADHAV, GAURAV P MD

Oct 29, 2016 11:46

<Electronically signed by GAURAV P JADHAV, MD> 10/29/16 2014

JADHGA / GJ / DD 10/29/16 1146 / DT 10/29/16 1146

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

Patient: EFUNNUGA,OLUTOKUNBO MR # F001250247

DOB: 03/06/1979 Sex: M Acct # FA1307223089

Date: 10/30/16 Room/Bed: 411-02

Report # 1030-0151

*** Signed Status ***

DATE OF SERVICE: 10/30/2016

SUBJECTIVE:

Patient seen, examined, seemingly more energetic and responsive. No adverse events overnight.

OBJECTIVE:

VITAL SIGNS: Blood pressure 120/60, heart rate of 100, temperature 36.7.

GENERAL: He appears to be in no respiratory distress.

HEENT: Moist mucous membranes. LUNGS: Clear to auscultation bilaterally.

HEART: S1, S2.

ABDOMEN: Soft, normoactive bowel sounds.

EXTREMITIES: 2+ pulses bilaterally.

NEUROLOGIC EXAM: No gross abnormalities.

ASSESSMENT AND PLAN:

1. Aspiration pneumonia. Continue ceftriaxone and Flagyl for now.

- 2. Empyema status post mini-thoracotomy and decortication, unroofing of pulmonary abscess.
- 3. Acute respiratory failure with hypoxia, hypercapnia stable.

4. Acute kidney injury with resolution.

DICTATED BY: Mario Littman, MD

Job #:320818 Doc #:689645

<Electronically signed by MARIO LITTMAN, MD> at 10/31/16 0555

LITTMAN, MARIO MD

LITTMAR / NE / DD 10/30/16 1111 / DT 10/30/16 1201

CC: LITTMAN, MARIO, MD REPORT #: 1030-0151 REPORT STATUS: Signed

PATIENT: EFUNNUGA, OLUTOKUNBO

ACCT: FA1307223089 REPORT #: 1030-0200 ROOM/BED: 411-02

SEX: M

ATTENDING: LITTMAN, MARIO, MD PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247

ADMIT DATE: 10/07/16 DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/30/16 13:50 Service: Hospitalist Subjective

Patient seen and examined. Patient reports no change in SOB at rest.

Objective

Vital Signs 24 Hours

vital vigile z i i i u u u												
Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2				
10/30/16 08:30						Nasal Cannula	2.00					
10/30/16 08:01						Nasal Cannula						
10/30/16 07:50	36.7	100	18	120/60	100	Room Air						
10/30/16 02:42						Nasal Cannula	2.00					
10/29/16 20:00	36.7	53	18	127/89	97	Room Air						
10/29/16 15:46	37.6	110	22	113/79	100	Room Air						

Vital Signs, Last Documented

Tital Olympia and a community									
Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2	
10/30/16 08:30						Nasal Cannula	2.00		
10/30/16 07:50	36.7	100	18	120/60	100				
10/29/16 10:36								40	

Weight in Kg

80.00

Bedside Blood Glucose

10/29/16 20:46: POC Glucose 103

Physical Exam

General: no apparent distress, appears stated age

HNT: moist mucous membranes

Eyes: sclera anicteric

Thorax: clear to auscultation bilaterally, equal expansion

Cardiovascular: no jugular venous distension, no murmurs, pulse regular rate and rhythm

Abdomen: soft, non-tender, non-distended, bowel sounds noted, right para umbilical pain with palpation

Extremities: no cyanosis, no pedal edema

Neurologic: alert/awake/oriented, grossly no abnormalities

Current Meds Reviewed: Yes

Medications

PATIENT: EFUNNUGA, OLUTOKUNBO

CC

Mercy Fitzgerald Hospital Progress Note

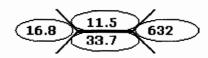
PATIENT: EFUNNUGA, OLUTOKUNBO MR#: F001250247

Medications Active List

		Medidati	OII2 MCIIAE FIST		
Medications	Dose Ordered	Sig/Sch	Start Time Stop Time	Status	Last Admin
Enoxaparin Sodium	40 mg	DAILY	10/11/16 10:45		10/30/16 08:21
Dextrose	16 gm	PRN PRN	10/12/16 11:45		10/12/16 12:41
Dextrose/Water	12.5 gm	PRN PRN	10/12/16 11:45		
Risperidone	2 mg	BID	10/15/16 12:15		10/30/16 08:25
Polyethylene Glycol	17 gm	DAILY	10/20/16 11:00		10/30/16 08:30
Senna/Docusate Sodium	1 tab	BID	10/23/16 10:45		10/30/16 08:26
Folic Acid	1 mg	DAILY	10/26/16 09:00		10/30/16 08:25
Thiamine HCI	100 mg	DAILY	10/26/16 09:00		10/30/16 08:25
Multivitamins Therapeutic 1 tab	1 tab	DAILY	10/26/16 09:00		10/30/16 08:26
Ceftriaxone Sodium	100 ml @ 100 mls/hr	DAILY	10/27/16 09:00		10/30/16 08:20
Acetaminophen	650 mg	Q4H PRN	10/27/16 08:30		10/30/16 06:15
Metoprolol Tartrate	6.25 mg	Q12	10/27/16 21:00		10/30/16 08:26
Clotrimazole	10 mg	5XD	10/27/16 16:00		10/30/16 11:31
Clonazepam 1 mg	1 mg	Q12H PRN	10/28/16 21:00		10/30/16 11:31
Metronidazole/ Sodium Chloride	100 ml @ 200 mls/hr	Q8	10/28/16 21:00 10/31/16 06:00		10/30/16 12:10
Insulin Human Lispro	SS LOW DOSE LOW INTENSITY SCALE: Bl	ACHS	10/29/16 11:00		
Tramadol HCl	50 mg	Q4H PRN	10/29/16 17:30		10/30/16 02:09

Lab Results, CBC Diagram

10/30/16 11:18



PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

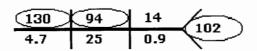
Page 3 of 4

Mercy Fitzgerald Hospital Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO MR#: F001250247

Lab Results, BMP Diagram

10/30/16 06:28



Quality

Discussed Care Plan with: Patient

Code Status: Full Code

Impression and Plan Management Plan

Plan

(1) Aspiration pneumonia

Impression and Plan: -Swallow video studies done yesterday.

- -Patient much more conscious than before (according to last notes)
- -Patient therapy on board and recommend--

Continue moist Puree diet level with Nectar thick liquids and extra gravy.

- -ENT evaluated the patient yesterday and states that no intervention is required currently.
- -Continue on IV ceftriaxone and metronidazole(D3). Will stop metronidazole on D3 according to infectious disease recommendations, stop on 10/31/16

(2) Suicide and self-inflicted poisoning by drugs and medicinal substances

Impression and Plan: -Patient came in with TCA overdose and suicidal attempt.

- -Patient had acute hepatic failure and elevated liver enzymes.
- -Patient continues to be in police custody with forelimbs handcuffed due to the same and some criminal history.
- -Continue on one-on-one, patient has been 302 ed .
- -Psychiatry on board appreciate their recommendations.

(3) Loculated pleural effusion

Impression and Plan: Patient underwent VATS procedure thoracotomy and decortication.

Surgery on board and have discontinued the thoracostomy tubes yesterday.

The effusion fluid grew--

Organism 1 BETA HEMOLYTIC STREP C

GROWTH MODERATE

Organism 2 STAPHYLOCOCCUS AUREUS

GROWTH RARE

Organism 3 CULTURE IN PROGRESS

STA AUREUS M.I.C. RX

TRIMET/SULFA <=10 S CLINDAMYCIN 0.25 S ERYTHROMYCIN <=0.25 S

PATIENT: EFUNNUGA, OLUTOKUNBO

CC

Page 4 of 4

Mercy Fitzgerald Hospital Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO MR#: F001250247

OCNITATATION (-0.5 C

GENTAMICIN <=0.5 S LEVOFLOXACIN 0.25 S LINEZOLID 2 S OXACILLIN 0.5 S TETRACYCLINE >=16 R VANCOMYCIN 1 S

Lorazepam for agitation.

Pain management--

- Acetaminophen 650 mg Q4 for mild pain (1-3)
 - Hydromorphone 0.5 mg Q3 for moderate pain (4-6)
 - Hydromorphone 1 mg Q3 for severe pain (7-10)

Risperidone 2 mg BID PO.

(4) Oral thrush

Impression and Plan: -Resolving DC now statin and had topical clotrimazole.

(5) Bacteremia

Impression and Plan:

continue IV abx TEE- no vegetations.

(6) HIV (human immunodeficiency virus infection)

Impression and Plan: Patient's CD4 count is 254. We will continue HAART after he stabilizes. Infectious disease on board,

LAMBERT, PETER C MD

Oct 30, 2016 13:53

<Electronically signed by PETER C LAMBERT, MD> 10/31/16 1824

LAMBPE / PL / DD 10/30/16 1353 / DT 10/30/16 1353

PATIENT: EFUNNUGA, OLUTOKUNBO

CC

Mercy Fitzgerald Hospital Internal Med Progress Note

MR#: F001250247

PATIENT: EFUNNUGA, OLUTOKUNBO

ACCT: FA1307223089 ADMIT DATE: 10/07/16 REPORT #: 1031-0015 DOB: 03/06/1979 ROOM/BED: 411-02

SEX: M

ATTENDING: LITTMAN, MARIO, MD PCP: DOCTOR, NONE (FAMILY)

*** Signed Status ***

Subjective

Encounter Date & Time

10/31/16 06:15 Subjective

Patient seen, resting comfortably this morning, no new issues noted, full chart reviewed at length

Objective

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/30/16 21:04	37.0	107		124/59	93	Room Air		
10/30/16 16:00			16					
10/30/16 08:30							2.00	
10/29/16 10:36								40

Weight in Kg

80.00

Bedside Blood Glucose

10/30/16 16:54: POC Glucose 100 **Appearance:** : No Acute Distress **Thorax:** : Decreased Breath Sounds

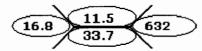
Cardiovascular: : No JVD: Regular Rate Rhythm

Abdomen: : Bowel Sounds Noted: Soft

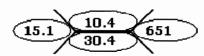
Results

10/30/16 11:18

Lab Results, CBC Diagram



10/31/16 04:00



PATIENT: EFUNNUGA, OLUTOKUNBO

CC

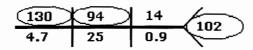
Mercy Fitzgerald Hospital Internal Med Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

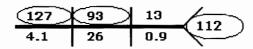
MR#: F001250247

Lab Results, BMP Diagram

10/30/16 06:28



10/31/16 04:00



Impression and Plan

Problem List: (1) Empyema

Impression and Plan: Status post Mini thoracotomy, decortication, unroofing of pulmonary abscess, plan to

continue with Rocephin

(2) Acute respiratory failure with hypoxia and hypercapnia

Impression and Plan: stable (3) AKI (acute kidney injury) Impression and Plan: Resolved

(4) Suicide and self-inflicted poisoning by drugs and medicinal substances

Impression and Plan: Continue to monitor clinically

Chronic Problems:

HAMID, SAMMY, MD Oct 31, 2016 06:17

<Electronically signed by SAMMY HAMID, MD> 11/01/16 0602

HAMISA / SH / DD 10/31/16 0617 / DT 10/31/16 0617

PATIENT: EFUNNUGA, OLUTOKUNBO

PATIENT: EFUNNUGA, OLUTOKUNBO

ACCT: FA1307223089 REPORT #: 1031-0111 ROOM/BED: 411-02

SEX: M

ATTENDING: LITTMAN, MARIO, MD PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247

ADMIT DATE: 10/07/16 DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/31/16 07:58

Service: Internal Medicine

Subjective

Patient examined bedside. No new complaints . Still continues to have right chest tightness

Appetite: G∞d Sleep: Fairly Good

Objective

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/30/16 21:04	37.0	107		124/59	93	Room Air		
10/30/16 16:00			16					
10/30/16 08:30							2.00	
10/29/16 10:36	_							40

Weight in Kg

80.00

Bedside Blood Glucose

10/30/16 16:54: POC Glucose 100

Physical Exam

General: no apparent distress, appears stated age

HNT: moist mucous membranes

Eyes: sclera anicteric

Thorax: clear to auscultation bilaterally, equal expansion

Cardiovascular: no jugular venous distension, no murmurs, pulse regular rate and rhythm

Abdomen: soft, non-tender, non-distended, bowel sounds noted

Extremities: no cyanosis, pulses 2+ bilaterally

Neurologic: alert/awake/oriented, grossly no abnormalitiesGeneral: []

Current Meds Reviewed: Yes

Medications

Medications Active List

1,10410440110 2,101								
	Medications	Dose Ordered	Sig/Sch	Start Time Stop Time	Status	Last Admin		
	Enoxaparin Sodium	40 mg	DAILY	10/11/16 10:45		10/30/16 08:21		

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1031-0111 REPORT STATUS: Signed

Page 2 of 4

Mercy Fitzgerald Hospital Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO MR#: F001250247

PRN PRN 16 gm 10/12/16 11:45 10/12/16 12:41 Dextrose PRN PRN Dextrose/Water 12.5 gm 10/12/16 11:45 Risperidone BID 10/15/16 12:15 10/30/16 20:53 2 mg Polyethylene DAILY 10/20/16 11:00 10/30/16 08:30 17 gm Glycol 1 tab BID 10/23/16 10:45 10/30/16 20:53 Senna/Docusate Sodium DAILY 10/26/16 09:00 10/30/16 08:25 Folic Acid 1 mg Thiamine HCI 100 mg DAILY 10/26/16 09:00 10/30/16 08:25 DAILY 10/26/16 09:00 10/30/16 08:26 Multivitamins 1 tab Therapeutic 1 tab 100 ml @ DAILY 10/27/16 09:00 10/30/16 08:20 Ceftriax one Sodium 100 mls/hr Q4H PRN Acetaminophen 650 mg 10/27/16 08:30 10/31/16 06:48 6.25 mg Q12 10/27/16 21:00 10/30/16 20:53 Metoprolol **Tartrate** Clotrimazole 5XD 10/27/16 16:00 10/31/16 00:36 10 mg Clonazepam Q12H PRN 10/28/16 21:00 10/30/16 11:31 1 mg Insulin Human SS LOW DOSE LOW **ACHS** 10/29/16 11:00 INTENSITY Lispro SCALE: BI... Tramadol HCl 50 mg Q4H PRN 10/29/16 17:30 10/31/16 03:53 50 mg

Labs Reviewed: Yes

Sodium Chloride

1,000 ml @

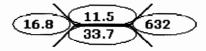
75 mls/hr

10/30/16 11:18

Lab Results, CBC Diagram

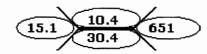
10/31/16 07:45

11/1/16 10:24



Q13H20M

10/31/16 04:00



PATIENT: EFUNNUGA OLUTOKUNBO

CC:

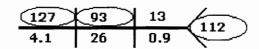
REPORT #: 1031-0111 REPORT STATUS: Signed Page 3 of 4

Mercy Fitzgerald Hospital Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO MR#: F001250247

Lab Results, BMP Diagram

10/31/16 04:00



Diagnostics Reviewed: Yes

Quality

Discussed Care Plan with: Patient

Code Status: Full Code

Line Necessity Addressed: Yes VTE Prophylaxis Ordered: Yes Indwelling Foley Catheter: No

Impression and Plan

Assessment

Problem List:

(1) Aspiration pneumonia

Impression and Plan: -Swallow video studies done yesterday.

- -Patient much more conscious than before(according to last notes)
- -Patient therapy on board and recommend

Continue moist Puree diet level with Nectar thick liquids and extra gravy.

- -ENT evaluated the patient yesterday and states that no intervention is required currently.
- -Continue on IV ceftriaxone and metronidazole(D3). Will stop metronidazole on D3 according to infectious disease recommendations.

(2) Suicide and self-inflicted poisoning by drugs and medicinal substances

Impression and Plan: -Patient came in with TCA overdose and suicidal attempt.

- -Patient had acute hepatic failure and elevated liver enzymes.
- -Patient continues to be in police custody with forelimbs handcuffed due to the same and some criminal history.
- -Continue on one-on-one, patient has been 302 ed .
- -Psychiatry on board appreciate their recommendations.

(3) Loculated pleural effusion

Impression and Plan: Patient underwent VATS procedure thoracotomy and decortication.

Surgery on board and have discontinued the thoracostomy tubes yesterday.

The effusion fluid grew--

Organism 1 BETA HEMOLYTIC STREP C

GROWTH MODERATE

Organism 2 STAPHYLOCOCCUS AUREUS

GROWTH RARE

Organism 3 CULTURE IN PROGRESS

STA AUREUS

PATIENT: EFUNNUGA OLUTOKUNBO

CC

REPORT #: 1031-0111 REPORT STATUS: Signed Page 4 of 4

Mercy Fitzgerald Hospital Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO MR#: F001250247

M.I.C. RX

TRIMET/SULFA <=10 S CLINDAMYCIN 0.25 ERYTHROMYCIN <=0.25 S <=0.5 S GENTAMICIN LEVOFLOXACIN 0.25 S S LINEZOLID 2 S OXACILLIN 0.5 TETRACYCLINE >=16 R VANCOMYCIN 1

Lorazepam for agitation.

Pain management-- Acetaminophen 650 mg Q4 for mild pain (1-3)

- Tramadol q4 for severe pain

Risperidone 2 mg BID PO.

(4) Oral thrush

Impression and Plan: -Resolving DC now statin and had topical clotrimazole.

(5) Bacteremia

Impression and Plan:

continue IV abx TEE- no vegetations.

(6) HIV (human immunodeficiency virus infection)

Impression and Plan: Patient's CD4 count is 254. We will continue HAART after he stabilizes. Infectious disease on board.

Chronic Problems:

JADHAV, GAURAV P MD

Oct 31, 2016 08:02

<Electronically signed by GAURAV P JADHAV, MD> 11/02/16 1124

JADHGA / GJ / DD 10/31/16 0802 / DT 10/31/16 0802

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1031-0111 REPORT STATUS: Signed

Mercy Fitzgerald Hospital Psychiatric Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

ACCT: FA1307223089 REPORT #: 1031-0351 ROOM/BED: 411-02

SEX: M

ATTENDING: LITTMAN, MARIO, MD PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247

ADMIT DATE: 10/07/16 DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/31/16 15:40 **Service:** Psychiatry

Subjective

I am feeling better now **Appetite:** Fair **Sleep:** Fairly Good

Objective

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/31/16 10:31						Room Air		
10/31/16 09:00	37.1	100	20	108/54	100			
10/30/16 08:30							2.00	
10/29/16 10:36								40_

Weight In Kg

80.00

Bedside Blood Glucose

10/31/16 11:40: POC Glucose 89

Physical Exam General: []

Head/Neck/Throat: []

Eyes: []

Thorax: [Report some pain where surgery was done]

Cardiovascular: []
Abdomen: []
Musculoskeletal: []
Skin: []

Neurologic: []

Current Meds Reviewed: Yes

Labs Reviewed: Yes

Lab Results, CBC Diagram

10/31/16 04:00

PATIENT: EFUNNUGA, OLUTOKUNBO

CC

REPORT #: 1031-0351 REPORT STATUS: Signed Page 2 of 3

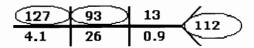
Mercy Fitzgerald Hospital Psychiatric Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO MR#: F001250247

15.1 10.4 651

Lab Results, BMP Diagram

10/31/16 04:00



Diagnostics Reviewed: Yes Additional Comments
Mental status examination

Patient was seen in his room where he was lying in his bed fairly comfortably

He was pleasant and cooperative

His speech was slow and soft with goal-directed thought process

His affect was sad and constricted and mood depressed

He did not recall taking an overdose and denies that being an intentional overdose

He is aware of his legal issues and feels overwhelmed with that

He is not currently suicidal but does report feeling depressed

He has 3 children ages 2, 13 and 19 from the same mother

Prior to the hospitalization he was living with his sister and 13-year-old daughter

He has not been taking his psychotropic medication since he was last released from the prison in 2012

He does report fair response with amitriptyline and did not think that Prozac helped

He feels comfortable taking Risperdal at present

Fair insight and aware that he will be arrested once is medically cleared

Impression and Plan

Severity of Illness 1:1 Observation: No

Change in Symptoms: Improving

Assessment

Axis 1:

(1) Depression, major, recurrent, mild

Axis II: Axis III: Axis IV:

Patient Problems:

Plan

Patient still has some depression and will benefit with the addition of amitriptyline at bedtime

We'll start him with amitriptyline 50 mg at bedtime

I will stop his daytime Risperdal as he is not agitated or delirious anymore

I'll continue with bedtime Risperdal as adjunct amitriptyline and gradually wean it down if he appears sedated

PATIENT: EFUNNUGA, OLUTOKUNBO

CC

REPORT #: 1031-0351 REPORT STATUS: Signed Case 2:18-cv-00924-PD Document 15-11 Filed 05/03/18 Page 42 of 160

Page 3 of 3

Mercy Fitzgerald Hospital Psychiatric Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO MR#: F001250247

Patient does not require inpatient psychiatric treatment, once medically cleared he may be released to the police custody

Patient was made aware of this and he is comfortable although not extremely happy about that with the fact that he will be arrested after the discharge

MAQSOOD, TAHIR MD

Oct 31, 2016 15:46

<Electronically signed by TAHIR MAQSOOD, MD> 10/31/16 1546

MAQSTA / TM / DD 10/31/16 1546 / DT 10/31/16 1546

PATIENT: EFUNNUGA, OLUTOKUNBO

REPORT #: 1031-0351 REPORT STATUS: Signed

Mercy Fitzgerald Hospital Internal Med Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

ACCT: FA1307223089 REPORT #: 1101-0025 ROOM/BED: 411-02

SEX: M

ATTENDING: LITTMAN, MARIO, MD PCP: DOCTOR, NONE (FAMILY) MR#: F001250247

ADMIT DATE: 10/07/16 DOB: 03/06/1979

*** Signed Status ***

Subjective
Encounter Date & Time
11/1/16 06:10
Subjective

pt seen, resting well, no new issues or events

Objective Patient Data

Vital Signs, Last Documented

				- J				
Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/31/16 21:20	36.9	103	20	131/70	100	Room Air		
10/30/16 08:30							2.00	
10/29/16 10:36								40

Weight in Kg

80.00

Bedside Blood Glucose

10/31/16 16:49: POC Glucose 99
Appearance: : No Acute Distress
Thorax: : Decreased Breath Sounds
Cardiovascular: : Regular Rate Rhythm
Abdominal Inspection: : Normal
Abdomen: : Bowel Sounds Noted: Soft

Impression and Plan

Problem List: (1) Empyema

Impression and Plan: Status post Mini thoracotomy, decortication, unroofing of pulmonary abscess, plan to continue with Rocephin, need ID input to change to po then ok to do to police custody - tramadol Rx on chart, clonazepam stopped

(2) Acute respiratory failure with hypoxia and hypercapnia

Impression and Plan: stable (3) AKI (acute kidney injury)

(4) Suicide and self-inflicted poisoning by drugs and medicinal substances

Chronic Problems:

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1101-0025 REPORT STATUS: Signed Page 2 of 2

Mercy Fitzgerald Hospital Internal Med Progress Note

MR#: F001250247 PATIENT: EFUNNUGA, OLUTOKUNBO

HAMID, SAMMY, MD Nov 1, 2016 06:11

Electronically signed by SAMMY HAMID, MD> 11/02/16 0428

HAMISA / SH / DD 11/01/16 0611 / DT 11/01/16 0611

PATIENT: EFUNNUGA, OLUTOKUNBO

CC: REPORT #: 1101-0025 REPORT STATUS: Signed

Mercy Fitzgerald Hospital Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

ACCT: FA1307223089 REPORT #: 1101-0103 ROOM/BED: 411-02

SEX: M

ATTENDING: LITTMAN, MARIO, MD PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247

ADMIT DATE: 10/07/16 DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

11/1/16 08:38

Service: Internal Medicine

Subjective

Patient examined bedside. No new complaints, wonders when he can be discharged for jail.

Appetite: Good Sleep: Fairly Good

Objective

Vital Signs, Last Documented

				.5,					
Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2	
10/31/16 21:20	36.9	103	20	131/70	100	Room Air			
10/30/16 08:30							2.00		
10/29/16 10:36								40	

Weight in Kg

80.00

Bedside Blood Glucose

10/31/16 16:49: POC Glucose 99

Physical Exam

General: no apparent distress, appears stated age

HNT: moist mucous membranes

Eyes: sclera anicteric

Thorax: clear to auscultation bilaterally, equal expansion

Cardiovascular: no jugular venous distension, no murmurs, pulse regular rate and rhythm

Abdomen: soft, non-tender, non-distended, bowel sounds noted

Extremities: no cyanosis, pulses 2+ bilaterally

Neurologic: alert/awake/oriented, grossly no abnormalities

Current Meds Reviewed: Yes

Medications

Medications Active List

Medications	Dose	Sig/Sch	Start Time	Status	Last Admin
	Ordered		Stop Time		
Enoxaparin Sodium	40 mg	DAILY	10/11/16 10:45		10/31/16 08:58
1	1				

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1101-0103 REPORT STATUS: Signed Page 2 of 4

Mercy Fitzgerald Hospital Progress Note

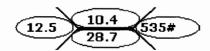
PATIENT: EFUNNUGA, OLUTOKUNBO MR#: F001250247

Dextrose	16 gm	PRN PRN	10/12/16 11:45	10/12/16 12:41
Dextrose/Water	12.5 gm	PRN PRN	10/12/16 11:45	
Risperidone	2 mg	BID	10/15/16 12:15	10/31/16 23:44
Polyethylene Glycol	17 gm	DAILY	10/20/16 11:00	10/31/16 09:02
Senna/Docusate Sodium	1 tab	BID	10/23/16 10:45	10/31/16 21:06
Thiamine HCl	100 mg	DAILY	10/26/16 09:00	10/31/16 08:57
Multivitamins Therapeutic 1 tab	1 tab	DAILY	10/26/16 09:00	10/31/16 08:56
Ceftriaxone Sodium	100 ml @ 100 mls/hr	DAILY	10/27/16 09:00	10/31/16 08:56
Acetaminophen	650 mg	Q4H PRN	10/27/16 08:30	10/31/16 19:02
Metoprolol Tartrate	6.25 mg	Q12	10/27/16 21:00	10/31/16 21:06
Clotrimazole	10 mg	5XD	10/27/16 16:00	11/1/16 00:10
Insulin Human Lispro	SS LOW DOSE LOW INTENSITY SCALE: BI	ACHS	10/29/16 11:00	
Tramadol HCl 50 mg	50 mg	Q4H PRN	10/29/16 17:30	11/1/16 02:30
Sodium Chloride	1,000 ml @ 75 mls/hr	Q13H20M	10/31/16 07:45 11/1/ 1 6 10:24	10/31/16 21:18

Labs Reviewed: Yes

11/1/16 06:59

Lab Results, CBC Diagram



Lab Results, BMP Diagram

11/1/16 06:59



Diagnostics Reviewed: Yes

PATIENT: EFUNNUGA, OLUTOKUNBO

REPORT #: 1101-0103 REPORT STATUS: Signed Page 3 of 4

Mercy Fitzgerald Hospital Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO MR#: F001250247

Quality

Discussed Care Plan with: Patient

Code Status: Full Code

Line Necessity Addressed: Yes VTE Prophylaxis Ordered: Yes Indwelling Foley Catheter: No

Impression and Plan

Assessment

Problem List:

(1) Aspiration pneumonia

Impression and Plan: -Swallow video studies

- -Patient much more conscious than before(according to last notes)
- -Patient therapy on board and recommend

Continue moist Puree diet level with Nectar thick liquids and extra gravy.

- -ENT evaluated the patient yesterday and states that no intervention is required currently.
- -Continue on IV ceftriaxone and metronidazole discontinued.

We'll be shifted him to oral abx according to IDs recommendations before discharge.

(2) Suicide and self-inflicted poisoning by drugs and medicinal substances

Impression and Plan: -Patient came in with TCA overdose and suicidal attempt.

- -Patient had acute hepatic failure and elevated liver enzymes.
- -Patient continues to be in police custody with forelimbs handcuffed due to the same and some criminal history.
- -Continue on one-on-one, patient has been 302 ed.
- Psychiatry on board appreciate their recommendations.

(3) Loculated pleural effusion

Impression and Plan: Patient underwent VATS procedure thoracotomy and decortication.

Surgery on board and have discontinued the thoracostomy tubes yesterday.

The effusion fluid grew--

Organism 1 BETA HEMOLYTIC STREP C

GROWTH MODERATE

Organism 2 STAPHYLOCOCCUS AUREUS

GROWTH RARE

Organism 3 CULTURE IN PROGRESS

STA AUREUS M.I.C. RX

TRIMET/SULFA <=10 S CLINDAMYCIN 0.25 S ERYTHROMYCIN <=0.25 S <=0.5 S GENTAMICIN LEVOFLOXACIN 0.25 S S LINEZOLID 2 OXACILLIN 0.5 TETRACYCLINE >=16

PATIENT: EFUNNUGA OLUTOKUNBO

CC:

REPORT #: 1101-0103 REPORT STATUS: Signed Case 2:18-cv-00924-PD Document 15-11 Filed 05/03/18 Page 48 of 160

Page 4 of 4

Mercy Fitzgerald Hospital Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO MR#: F001250247

VANCOMYCIN

Lorazepam for agitation.

Pain management--

- Acetaminophen 650 mg Q4 for mild pain (1-3)

- Tramadol q4 for severe pain

S

Risperidone 2 mg BID PO.

(4) Oral thrush

Impression and Plan: -Resolving DC now statin and had topical clotrimazole.

(5) Bacteremia

Impression and Plan: continue IV abx

TEE- no vegetations.

(6) HIV (human immunodeficiency virus infection)

Impression and Plan: Patient's CD4 count is 254. We will continue HAART after he stabilizes. Infectious disease on

board,

Chronic Problems:

JADHAV, GAURAV P MD

Nov 1, 2016 08:40

<Electronically signed by GAURAV P JADHAV, MD> 11/02/16 1125

JADHGA / GJ / DD 11/01/16 0840 / DT 11/01/16 0840

PATIENT: EFUNNUGA, OLUTOKUNBO

REPORT#: 1101-0103 REPORT STATUS: Signed

Mercy Fitzgerald Hospital Infectious Disease Progress No

PATIENT: EFUNNUGA, OLUTOKUNBO

ACCT: FA1307223089 REPORT #: 1101-0335 ROOM/BED: 411-02

SEX: M

ATTENDING: LITTMAN, MARIO, MD PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247

ADMIT DATE: 10/07/16 DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

11/1/16 15:13

Service: Infectious Disease

Subjective

Pt alert, hoarseness of voice diminished, oral intake and appetite intact, no fever, rigors, TM 98.8, no HA visual changes persistent sore throat dyspnea or chest pain, pt w/o diarrhea, or abdominal discomfort

Objective

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
11/1/16 11:53						Room Air	2.00	40
11/1/16 10:00	37.3	108	18	115/64	100			

Weight in Kg

80.00

11/1/16 11:26: POC Glucose 120

Bedside Blood Glucose

Physical Exam

Tm 98.8

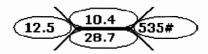
a/ox3

anicteric oropharynx exudate diminished, former CT site right thorax w/o spreading erythema or discharge, decreased be right lung abd active be nontender no guarding or pulsation iv access sites w/o induction slr io ntact no edema or joint swelling. Neuro no tremor appreciated on intact ms 5/5 upper and lower plantars down no sensory deficits.

Results

11/1/16 06:59

Lab Results, CBC Diagram



PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1101-0335 REPORT STATUS: Signed Page 2 of 2

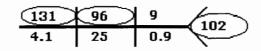
Mercy Fitzgerald Hospital Infectious Disease Progress No

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Lab Results, BMP Diagram

11/1/16 06:59



c/s reviewed Imaging

CxR(my reading): diminished right effusion, no progressive consolidation

Impression and Plan

Plan

bacteremia: strep mitis, repeat blood c/ sterile, TEE= n o vegetations or valvular abnormality, resolved

pneumonia: aspiration, resolved

right empyema s/p decortication and drainage 10/24, polymicrobial, resolving

HIVD: moderately advanced, CD4 240-300 Discussed previous evaluations a tDCMH where pt prescribed 8/16 combination Triumeg

elevated temperature:recurrent, presently resolved, new c/s sterile

confusion: resolv3e

leukocytosis: follow response to intervention

candidiasis: oropharyngeal switch to topical clotrimazole

abx mgmt:recommend 1) transition to oral systemic cephalexin (500 mg po q6h) and metronidazole (500 mg po q12h) for two weeks, 2) clinical evaluation in thoracic surgery clinic in two weeks, 3) oral clotrimazole troches four per day until thrush resolved, 4) Triumeq one tab daily 5) clinical observation at DCMH HIV clinic in four weeks discussed clinical presentation with pt and floor medical staff

GILBERT, MARK, MD

Nov 1, 2016 15:20

<Electronically signed by MARK GILBERT, MD> 11/01/16 1535

GILBMA / MG / DD 11/01/16 1520 / DT 11/01/16 1520

PATIENT: EFUNNUGA OLUTOKUNBO

CC:

REPORT #: 1101-0335 REPORT STATUS: Signed

	Pre -Procedural History and Physical Verification
	Verified the H & P Patient examined prior to procedure by Date 0 20 16 Time 12 Now,
	No Interval Changes
	Changes Noted
	Patient Verification
•	I have identified the patient on the procedure table
	Attending Proceduralist SHARIHE Date 6/24/6 Time
	Post Procedural Note
	Operative Note
	PREOPERATIVE DIAGNOSIS: Emprena, Right chast
***	POST-OPERATIVE DIAGNOSIS (Same
	NAME OF SURGEON/ASSISTANTS LI, M. SHARIPF
	PROCEDURE: Mini thoracotomy, decortication, unrooting of pulmonary abovess
	FINDINGS: Empyerna, polymonary abscess
	SPECIMEN REMOVED: cultures, Empressa fluid
	EBL: 300cc FLUIDS: 1.8L LR
	complications: Drains: 2, chest tubes
	The LIP Signature also indicates orders for medications give during procedure. Medial - Apex Interop - Base
<u> </u>	Signature: Date 10/24 %, Time 11.1541

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INTERDISCIPLINARY O/P PROGRESS NOTES

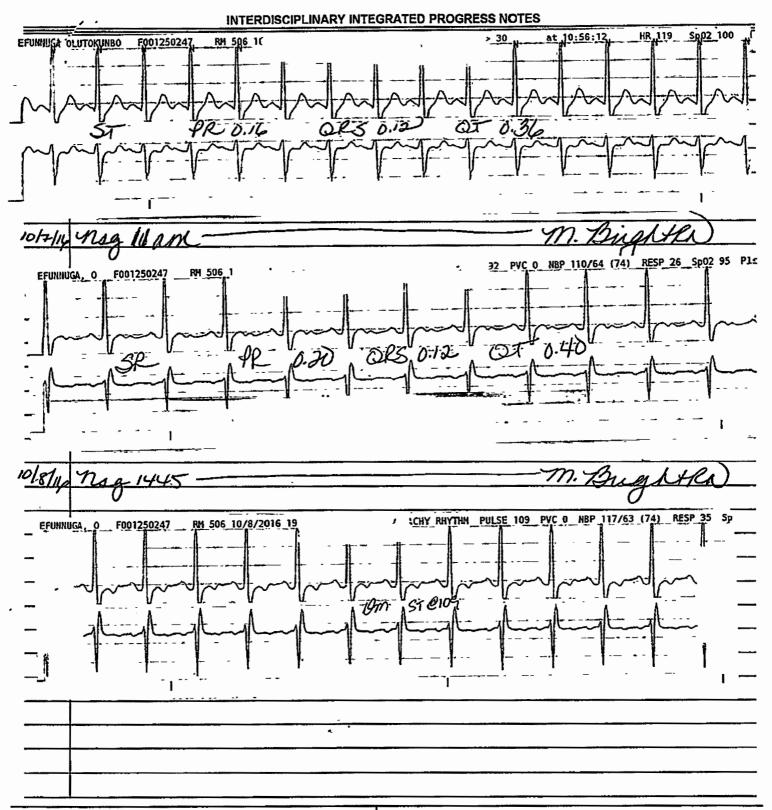
Page 1 of 2 Form MR32, Rev.4/12 PGN X PROGRESS

EFUNNUGA, OLUTOKUNBO

DOB: 03/06/1979 37Y M'
Adm: 10/7/2016
Acc: FA1307223089 MR#:

MR#: F001250247





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INTERDISCIPLINARY PROGRESS NOTES

Page 1 of 1 Form MR133, Rev.11/09 PGN.X PROGRESS

EFUNNUGA, OLUTOKUNBO

37¥

DOB: 03/06/1979 Adm: 10/7/2016

Acc: FA1307223089 MR#: F001250247

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INTERDISCIPLINARY INTEGRATED PROGRESS NOTES



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INTERDISCIPLINARY PROGRESS NOTES



Page 1 of 1 Form MR133, Rev.11/09 PGN.X.PROGRESS

EFUNNUGA, OLUTOKUNBO

37Y

DOB: 03/06/1979 Adm: 10/7/2016 Acc: FA1307223089

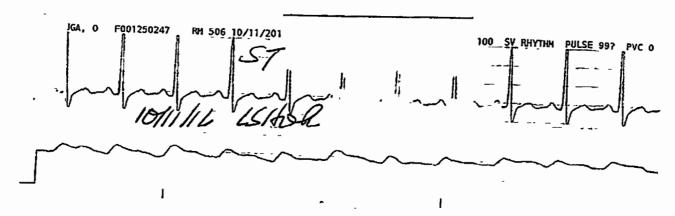
MR#: F001250247

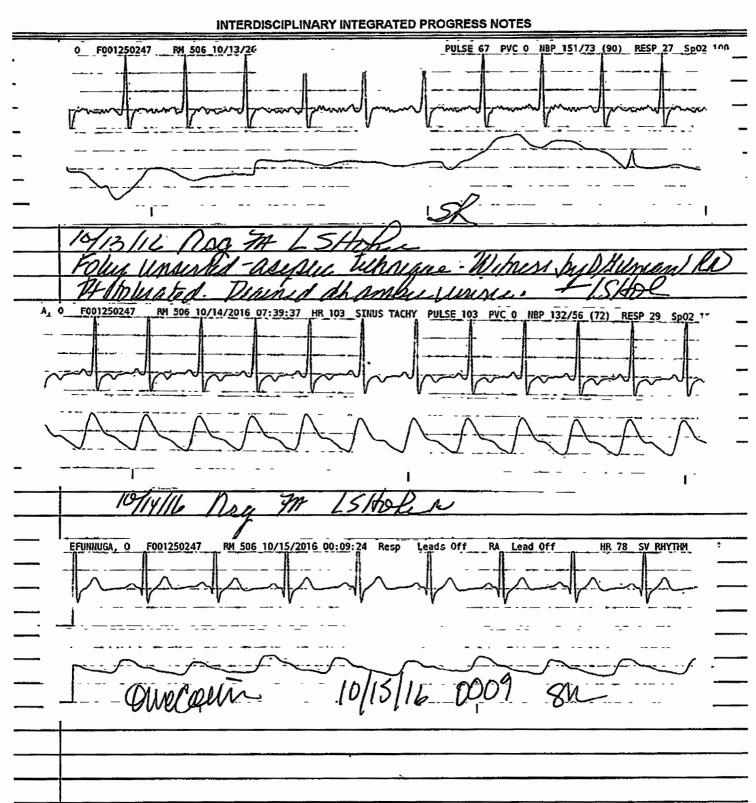
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EFUNNUGA, OLUTOKUNBO DOB: 03/06/1979 37 M ADM: 10/07/16 ACC:FA1307223089 MR:F001250247







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INTERDISCIPLINARY PROGRESS NOTES



Page 1 of 1 Form MR133, Rev.11/09 PGN.X.PROGRESS

EFUNNUGA, OLUTOKUNBO

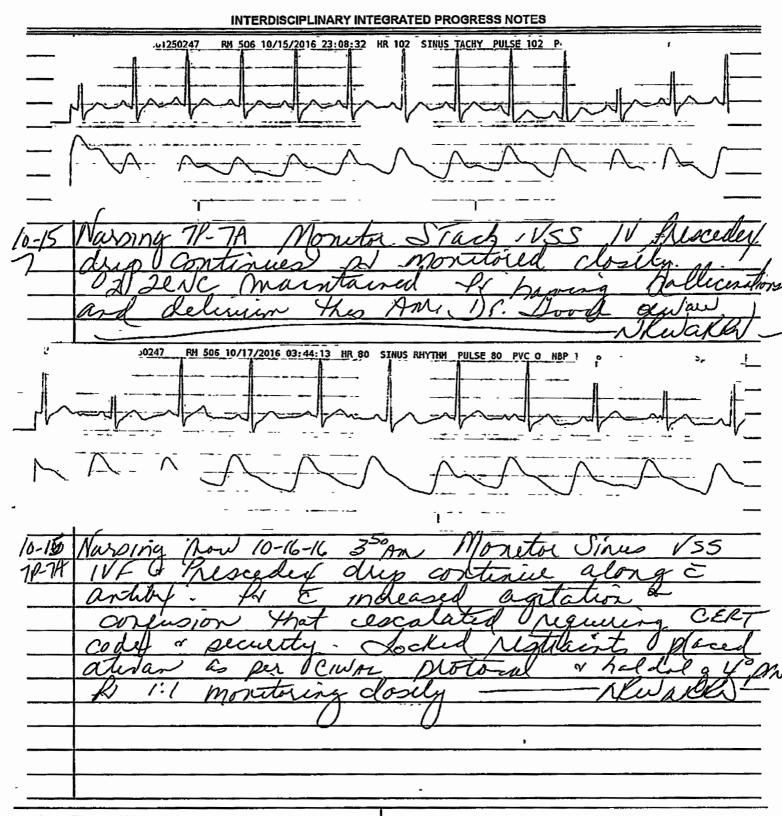
DOB: 03/06/1979 Adm: 10/7/2016 37Y

Acc: FA1307223089

MR#: F001250247

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INTERDISCIPLINARY PROGRESS NOTES



Page 1 of 1 Form MR133, Rev.11/09 PGN.X.PROGRESS

EFUNNUGA, OLUTOKUNBO

DOB: 03/06/1979 Adm: 10/7/2016 Acc: FA1307223089

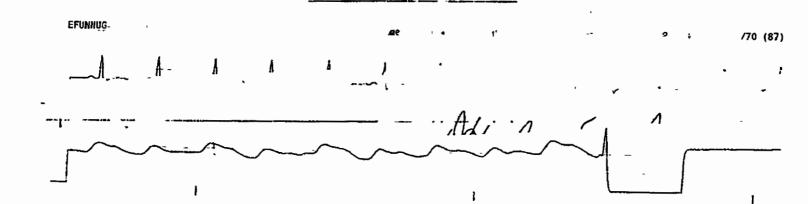
MR#: F001250247

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EFUNNUGA, OLUTOKUNBO DOB: 03/06/1979 37 M ADM: 10/07/16 ACC: FA1307223089 MR: F001250247





	INTERDISCIPLINARY INTEGRATED PROGRESS NOTES .
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	-01250247 RM 506 10/19/2016 16:00:33 Same ECG Alarme **
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FFURNUG	A, O F001250247 RM 506 10/20/2016 00:36:17 - R 115 SV TACHY RHYTHM PAIR PVCs 1 PULSE 116 P
FFUNNUG	A, 0 F001250247 RM 506 10/20/2016 00:36:17 R 115 SV TACHY RHYTHM PAIR PVCs 1 PULSE 116 P
FEUNNUG	A, 0 F001250247 RM 506 10/20/2016 00:36:17 R 115 SV TACHY RHYTHM PAIR PVCs 1 PULSE 116 P
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INTERDISCIPLINARY PROGRESS NOTES



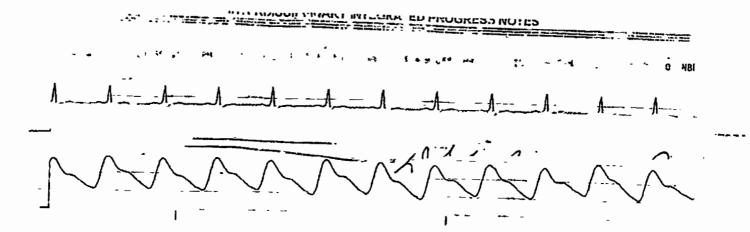
Page 1 of 1 Form MR133, Rev.1109 PGN.X.PROGRESS

EFUNNUGA, OLUTOKUNBO DOB: 03/06/1979 37Y Adm: 10/7/2016 Acc: FA1307223089

MR#: F001250247



М



EFUNNUGA, OLUTOKUNBO
DOB: 03/06/1979 37 M
ADM: 10/07/16
ACC:FA1307223089 MR:F001250247

Document 15-11

Filed 05/03/18

Page 61 of 160-

Case 2:18-cv-00924-PD

EFUNNUGA, OLUTOKUNBO DOB: 03/06/1979 37 M ADM: 10/07/16 ACC: FA1307223089 MR: F001250247



Sp02 100 Plc ior 139 3+

8-cv-00924-PD	Document 15-11	F
4	1	

Date iu/Jull Time Verified the H & P Patient examined prior to procedure by No Interval Changes Changes Noted **Patient Verification** I have identified the patient on the procedure table Attending Proceduralist Time Date Post Procedural Note **Operative Note** PREOPERATIVE DIAGNOSIS: POST-OPERATIVE DIAGNOSIS NAME OF SURGEON/ASSISTANTS PROCEDURE: FINDINGS: SPECIMEN REMOVED: EBL: FLUIDS: **COMPLICATIONS:** DRAINS The LIP Signature also Indicates orders for medications give during procedure. Signature:

Pre -Procedural History and Physical Verification

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INTERDISCIPLINARY O/P PROGRESS NOTES



Page 1 of 2 Form MR32, Rev 4/12 PGN.X PROGRESS efunnuga, olutokunbo

DOB: 03/06/1979 37 M ADM: 10/07/16 ACC:FA1307223089 MR:F001250247



Page 1 of 1 Form MR133, Rev.11/09 PGN.X.PROGRESS Document 15-11

Filed 05/03/18

Page 65 of 160

Case 2:18-cv-00924-PD

	INTERDISCIPLINARY INTEGRATED PROGRESS NOTES
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19/25/n	Nursin 30-110 Winner
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INTERDISCIPLINARY PROGRESS NOTES



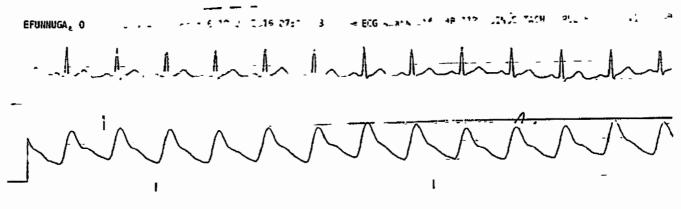
Page 1 of 1 Form MR133, Rev.11/09 PGN X PROGRESS

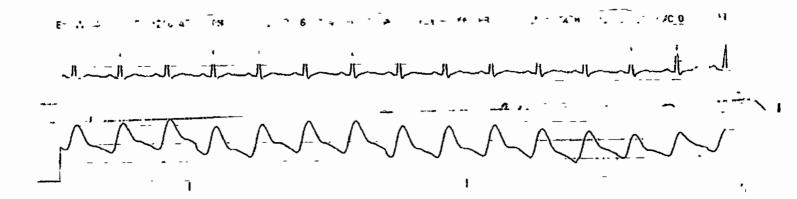
EFUNNUGA, OLUTOKUNBO

DOB: 03/06/1979 37Y Adm: 10/7/2016 Acc: FA1307223089 M

MR#: F001250247







MERCY HEALTH SYSTEM LABORATORY MERCY FITZGERALD HOSPITAL 1500 LANSDOWNE AVENUE DARBY PA 19023 (610)237-4742

DARBY, PA 19023 (610)237-4742 SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

NAME:EFUNNUGA,OLUTOKUNBO AGE/SEX:37/M DOB:03. ATTEND DR: LITTMAN,MARIO	/06/1979 A	OS: 10/07/10 OCT: FA13072:		LOC:FI4PVA MR: F001250247		
	Critical High Critical Low		or Low(Al)	pha results) bn Result	# - Delta Check	
		HEMATOLOG	GΥ			
Date	NOV 1	OCT 31	OCT 30			
Time	0659	0400	1118	Reference	Units	
-> WHITE BLOOD COUNT	12.5 H	15 I H	16.8 H	(4.5-11.0)	Thou/uL	
=> RED BLOOD COUNT	3.06 L	3.29 L	3.61 L	(4.70-6.10)	Mil1/U1	
> HEMOGLOBIN	10.4 L	10.4 L	11.5 L	(13.5-17.5)	g/dL	
-> HEMATOCRIT	28.7 L	30.4 L	33.7 L	(41.0-53.0)	%	
=> MCV	94.0	92.3	93.1	(80-100)	fL	
=> MCH	34.0 H	31.4	31.7	(28.4-32.0)	þà	
=> MCHC	36.1 H	34.1	34.1	(32.6-34.8)	g/dL	
=> RDW	14.0	14.1	13.7	(11.5-14.5)	%	
=> PLATELET COUNT	535(a) # H	651 H	632 H	, , , ,	THOU/UL	
=> MPV	7.8	7.9	8.1	(7.4-10.4)	fL	
Date	OCT 29	OCT 28	OCT 27			
Time	0626	0620	0605	Reference	Units	
=> WHITE BLOOD COUNT	14 1 H	13.5 H	22.8 H	(4.5-11.0)	Thou/uL	
=> RED BLOOD COUNT	3 16 L	2.98 L	3.09 L	(4.70-6.10)	Mill/Ul	
=> HEMOGLOBIN	10.1 I	9.7 L	10.0 L	(13.5-17.5)	g/dL	
-> HEMATOCRIT	29.1 L	28.3 L	29.2 L	(41.0-53.0)	%	
=> MCV	92.4	95.0	94.6	(80-100)	fL	
=> MCH	32.1 H	32 7 H	32 3 H		Pg	
=> MCHC	34.8	34.4	34.1	(32.6-34.8)	g/dL	
=> RDW	13.8	13.8	14.1	(11.5-14.5)	%	
=> PLATELET COUNT	581 H	528 H	535 H		THOU/UL	
=> MPV	8.3	8.7	8.9	(7.4-10.4)	fL	
Date	OCT 26	OCT 25	OCT 24			
Time	0545	0555	0450	Reference	Units	
=> WHITE BLOOD COUNT	27.6 H	24 9 H	23.2 H	(4.5-11.0)	Thou/uL	
	3.24 L	3.62 L	3.56 L	(4.70-6.10)	Mil1/Ul	
=> RED BLOOD COUNT		12.0 L	11.8 L	(13.5-17.5)	g/dL	
=> RED BLOOD COUNT => HEMOGLOBIN	10.5 L					
	30.7 L	34.5 L	33.2 L	(41.0-53.0)	%	

NAME: EFUNNUGA, OLUTOKUNBO
UNIT: F001250247
ACCT: FA1307223089

MERCY HEALTH SYSTEM LABORATORY MERCY FITZGERALD HOSPITAL 1500 LANSDOWNE AVENUE

DARBY, PA 19023 (610)237-4742 SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO	DOS: 10/07/16	LOC:FI4PVA
AGE/SEX:37/M DOB:03/06/1979	ACCT: FA1307223089	MR: F001250247
ATTEND DR: LITTMAN, MARIO, MD		

KEY H - Abn High *H - Critical High * - High or Low(Alpha results) # - Delta Check
L - Abn Low *L - Critical Low * - Microbiology Abn Result

L - Abn Low *L	- Critical Low	* - Mic	robiology <i>i</i>	Abn Kesult	
	H	EMATOLOGY CO	NTINUED		
Date	OCT 26	OCT 25	OCT 24		
Time	0545	0555	0450	Reference	Units
=> MCH	32 3 H	33 1 H	33.1 H		pg
=> MCHC	34.2	34.8	35.5 H		g/dL
=> RDW	13.8	13.9	13.7	[] (11.5–14.5)	%
=> PLATELET COUNT	521 H	583 H	549 H	() (=)	THOU/UL
=> MPV	9.0	9.4	8.7	7.4-10.4)	fL
=> NEUTROPHILS	ļ ļ	Į.	82.0 H		%
=> LYMPHOCYTE		ļ	6.0 L	(18.0-44.0)	%
=> MONOCYTES	!!!	!	7.0	(0.0-18.0)	%
=> EOSINOPHIL	!!!		1.0	(0.0-5.0)	<u>%</u>
=> NEUTROPHILS #	!!!!	į.	19.0 H		Thou/uL
=> LYMPHOCYTE #	!!!!		1.4	(1.2-4.2)	Thou/uL
=> MONOCYTE #		ļ	1.6 H		Thou/uL
=> EOSINOPHIL #		1	0.2	(0.0-0.7)	Thou/uL
Date	OCT 23	OCT 22	OCT 21		
Time	0500	0513	0500	Reference	Units
Time -> WHITE BLOOD COUNT	0500		0500 21.6 H	(4.5-11.0)	Units Thou/uL
=> WHITE BLOOD COUNT => RED BLOOD COUNT	24.3 H	0513 31.6 # H] 3.78 L]	0500 21.6 H 3.67 L	(4.5-11.0) (4.70-6.10)	Thou/uL Mill/Ul
=> WHITE BLOOD COUNT => RED BLOOD COUNT => HEMOGLOBIN	24.3 H 3.46 L 11.2 L	0513 31.6 # H] 3.78 L 12.4 L	0500 21.6 H 3.67 L 12.1 L	(4.5-11.0) (4.70-6.10) (13.5-17.5)	Thou/uL Mill/Ul g/dL
=> WHITE BLOOD COUNT => RED BLOOD COUNT => HEMOGLOBIN => HEMATOCRIT	24.3 H 3.46 L 11.2 L 32.7 L	0513 31.6 # H 3.78 L 12.4 L 35.3 L	0500 21.6 H 3.67 L 12.1 L 35.0 L	(4.5-11.0) (4.70-6.10) (13.5-17.5) (41.0-53.0)	Thou/uL Mill/Ul g/dL %
=> WHITE BLOOD COUNT => RED BLOOD COUNT => HEMOGLOBIN => HEMATOCRIT => MCV	24.3 H 3.46 L 11.2 L 32.7 L 94.6	0513 31.6 # H 3.78 L 12.4 L 35.3 L 93.6	0500 21.6 H 3.67 L 12.1 L 35.0 L 95.3	(4.5-11.0) (4.70-6.10) (13.5-17.5) (41.0-53.0) (80-100)	Thou/uL Mill/Ul g/dL % fL
=> WHITE BLOOD COUNT => RED BLOOD COUNT => HEMOGLOBIN => HEMATOCRIT => MCV => MCH	24.3 H 3.46 L 11.2 L 32.7 L 94.6	0513 31,6 # H 3,78 L 12 4 L 35 3 L 93.6 32,9 H	0500 21.6 H 3.67 L 12.1 L 35.0 L 95.3 33.0 H	(4.5-11.0) (4.70-6.10) (13.5-17.5) (41.0-53.0) (80-100) (28.4-32.0)	Thou/uL Mill/Ul g/dL % fL
=> WHITE BLOOD COUNT => RED BLOOD COUNT => HEMOGLOBIN => HEMATOCRIT => MCV => MCH => MCHC	24.3 H 3.46 L 11.2 L 32.7 L 94.6 32.5 H 34.4	0513 31.6 # H 3.78 L 12.4 L 35.3 L 93.6 32.9 H 35.2 H	0500 21.6 H 3.67 L 12.1 L 35.0 L 95.3 33.0 H 34.6	(4.5-11.0) (4.70-6.10) (13.5-17.5) (41.0-53.0) (80-100) (28.4-32.0) (32.6-34.8)	Thou/uL Mill/Ul g/dL % fL pg g/dL
=> WHITE BLOOD COUNT => RED BLOOD COUNT => HEMOGLOBIN => HEMATOCRIT => MCV => MCH => MCHC => RDW	24.3 H 3.46 L 11.2 L 32.7 L 94.6 32.5 H 34.4 13.5	0513 31.6 # H 3.78 L 12.4 L 35.3 L 93.6 32.9 H 35.2 H	0500 21.6 H 3.67 L 12.1 L 35.0 L 95.3 33.0 H 34.6 13.5	(4.5-11.0) (4.70-6.10) (13.5-17.5) (41.0-53.0) (80-100) (28.4-32.0) (32.6-34.8) (11.5-14.5)	Thou/uL Mill/Ul g/dL % fL pg g/dL %
=> WHITE BLOOD COUNT => RED BLOOD COUNT => HEMOGLOBIN => HEMATOCRIT => MCV => MCH => MCHC => RDW => PLATELET COUNT	24.3 H 3.46 L 11.2 L 32.7 L 94.6 32.5 H 34.4 13.5	0513 31.6 # H 3.78 L 12.4 L 35.3 L 93.6 32.9 H 35.2 H 13.8	0500 21.6 H 3.67 L 12.1 L 35.0 L 95.3 33.0 H 34.6 13.5 540 H	(4.5-11.0) (4.70-6.10) (13.5-17.5) (41.0-53.0) (80-100) (28.4-32.0) (32.6-34.8) (11.5-14.5) (150-450)	Thou/uL Mill/Ul g/dL % fL pg g/dL % THOU/UL
=> WHITE BLOOD COUNT => RED BLOOD COUNT => HEMOGLOBIN => HEMATOCRIT => MCV => MCH => MCH => RDW	24.3 H 3.46 L 11.2 L 32.7 L 94.6 32.5 H 34.4 13.5	0513 31.6 # H 3.78 L 12.4 L 35.3 L 93.6 32.9 H 35.2 H	0500 21.6 H 3.67 L 12.1 L 35.0 L 95.3 33.0 H 34.6 13.5	(4.5-11.0) (4.70-6.10) (13.5-17.5) (41.0-53.0) (80-100) (28.4-32.0) (32.6-34.8) (11.5-14.5)	Thou/uL Mill/Ul g/dL % fL pg g/dL %
=> WHITE BLOOD COUNT => RED BLOOD COUNT => HEMOGLOBIN => HEMATOCRIT => MCV => MCH => MCHC => RDW => PLATELET COUNT => MPV	24.3 H 3.46 L 11.2 L 32.7 L 94.6 32.5 H 34.4 13.5 526 H 8.9	0513 31.6 # H 3.78 L 12.4 L 35.3 L 93.6 32.9 H 35.2 H 13.8 620 H 8.6	0500 21.6 H 3.67 L 12.1 L 35.0 L 95.3 33.0 H 34.6 13.5 540 H 8.9	(4.5-11.0) (4.70-6.10) (13.5-17.5) (41.0-53.0) (80-100) (28.4-32.0) (32.6-34.8) (11.5-14.5) (150-450)	Thou/uL Mill/Ul g/dL % fL pg g/dL % THOU/UL
=> WHITE BLOOD COUNT => RED BLOOD COUNT => HEMOGLOBIN => HEMATOCRIT => MCV => MCH => MCHC => RDW => PLATELET COUNT => MPV	24.3 H 3.46 L 11.2 L 32.7 L 94.6 32.5 H 34.4 13.5 526 H 8.9	0513 31.6 # H 3.78 L 12.4 L 35.3 L 93.6 32.9 H 35.2 H 13.8 620 H 8.6	0500 21.6 H 3.67 L 12.1 L 35.0 L 95.3 33.0 H 34.6 13.5 540 H 8.9	(4.5-11.0) (4.70-6.10) (13.5-17.5) (41.0-53.0) (80-100) (28.4-32.0) (32.6-34.8) (11.5-14.5) (150-450) (7.4-10.4)	Thou/uL Mill/Ul g/dL % fL pg g/dL % THOU/UL fL
=> WHITE BLOOD COUNT => RED BLOOD COUNT => HEMOGLOBIN => HEMATOCRIT => MCV => MCH => MCHC => RDW => PLATELET COUNT => MPV	24.3 H 3.46 L 11.2 L 32.7 L 94.6 32.5 H 34.4 13.5 526 H 8.9	0513 31.6 # H 3.78 L 12.4 L 35.3 L 93.6 32.9 H 35.2 H 13.8 620 H 8.6	0500 21.6 H 3.67 L 12.1 L 35.0 L 95.3 33.0 H 34.6 13.5 540 H 8.9	(4.5-11.0) (4.70-6.10) (13.5-17.5) (41.0-53.0) (80-100) (28.4-32.0) (32.6-34.8) (11.5-14.5) (150-450)	Thou/uL Mill/Ul g/dL % fL pg g/dL % THOU/UL
=> WHITE BLOOD COUNT => RED BLOOD COUNT => HEMOGLOBIN => HEMATOCRIT => MCV => MCH => MCHC => RDW => PLATELET COUNT => MPV Date Time	24.3 H 3.46 L 11.2 L 32.7 L 94.6 32.5 H 34.4 13.5 526 H 8.9 OCT 20 0415	0513 31.6 # H 3.78 L 12.4 L 35.3 L 93.6 32.9 H 35.2 H 13.8 620 H 8.6 OCT 19 0545	0500 21.6 H 3.67 L 12.1 L 35.0 L 95.3 33.0 H 34.6 13.5 540 H 8.9 OCT 18 0545	(4.5-11.0) (4.70-6.10) (13.5-17.5) (41.0-53.0) (80-100) (28.4-32.0) (32.6-34.8) (11.5-14.5) (150-450) (7.4-10.4)	Thou/uL Mill/Ul g/dL % fL pg g/dL % THOU/UL fL
=> WHITE BLOOD COUNT => RED BLOOD COUNT => HEMOGLOBIN => HEMATOCRIT => MCV => MCH => MCHC => RDW => PLATELET COUNT => MPV Date Time => WHITE BLOOD COUNT	24.3 H 3.46 L 11.2 L 32.7 L 94.6 32.5 H 34.4 13.5 526 H 8.9 OCT 20 0415	0513 31.6 # H 3.78 L 12.4 L 35.3 L 93.6 32.9 H 35.2 H 13.8 620 H 8.6 OCT 19 0545	0500 21.6 H 3.67 L 12.1 L 35.0 L 95.3 33.0 H 34.6 13.5 540 H 8.9 OCT 18 0545	(4.5-11.0) (4.70-6.10) (13.5-17.5) (41.0-53.0) (80-100) (28.4-32.0) (32.6-34.8) (11.5-14.5) (150-450) (7.4-10.4) Reference	Thou/uL Mill/Ul g/dL % fL pg g/dL % THOU/UL fL Units
=> WHITE BLOOD COUNT => RED BLOOD COUNT => HEMOGLOBIN => HEMATOCRIT => MCV => MCH => MCHC => RDW => PLATELET COUNT => MPV Date Time => WHITE BLOOD COUNT => RED BLOOD COUNT	24.3 H 3.46 L 11.2 L 32.7 L 94.6 32.5 H 34.4 13.5 526 H 8.9 OCT 20 0415	0513 31.6 # H 3.78 L 12.4 L 35.3 L 93.6 32.9 H 35.2 H 13.8 620 H 8.6 OCT 19 0545	0500 21.6 H 3.67 L 12.1 L 35.0 L 95.3 33.0 H 34.6 13.5 540 H 8.9 OCT 18 0545	(4.5-11.0) (4.70-6.10) (13.5-17.5) (41.0-53.0) (80-100) (28.4-32.0) (32.6-34.8) (11.5-14.5) (150-450) (7.4-10.4) Reference	Thou/uL Mill/Ul g/dL % fL pg g/dL % THOU/UL fL Units Thou/uL Mill/Ul
=> WHITE BLOOD COUNT => RED BLOOD COUNT => HEMOGLOBIN => HEMATOCRIT => MCV => MCH => MCHC => RDW => PLATELET COUNT => MPV Date Time => WHITE BLOOD COUNT => RED BLOOD COUNT => HEMOGLOBIN	24.3 H 3.46 L 11.2 L 32.7 L 94.6 32.5 H 34.4 13.5 526 H 8.9 OCT 20 0415 15.7 H 3.43 L 11.4 L	0513 31.6 # H 3.78 L 12.4 L 35.3 L 93.6 32.9 H 35.2 H 13.8 620 H 8.6 OCT 19 0545 20.0 H 3.52 L 11.8 L	0500 21.6 H 3.67 L 12.1 L 35.0 L 95.3 33.0 H 34.6 13.5 540 H 8.9 OCT 18 0545 19.7 H 3.56 L 11.7 L	(4.5-11.0) (4.70-6.10) (13.5-17.5) (41.0-53.0) (80-100) (28.4-32.0) (32.6-34.8) (11.5-14.5) (150-450) (7.4-10.4) Reference	Thou/uL Mill/Ul g/dL % fL pg g/dL % THOU/UL fL Units Thou/uL Mill/Ul g/dL
=> WHITE BLOOD COUNT => RED BLOOD COUNT => HEMOGLOBIN => HEMATOCRIT => MCV => MCH => MCHC => RDW => PLATELET COUNT => MPV Date Time => WHITE BLOOD COUNT => RED BLOOD COUNT	24.3 H 3.46 L 11.2 L 32.7 L 94.6 32.5 H 34.4 13.5 526 H 8.9 OCT 20 0415	0513 31.6 # H 3.78 L 12.4 L 35.3 L 93.6 32.9 H 35.2 H 13.8 620 H 8.6 OCT 19 0545	0500 21.6 H 3.67 L 12.1 L 35.0 L 95.3 33.0 H 34.6 13.5 540 H 8.9 OCT 18 0545	(4.5-11.0) (4.70-6.10) (13.5-17.5) (41.0-53.0) (80-100) (28.4-32.0) (32.6-34.8) (11.5-14.5) (150-450) (7.4-10.4) Reference	Thou/uL Mill/Ul g/dL % fL pg g/dL % THOU/UL fL Units Thou/uL Mill/Ul

UNIT: F001250247 NAME: EFUNNUGA, OLUTOKUNBO ACCT: FA1307223089

PRINTED:12/07/16 0001 PAGE: 2 ** CONTINUED ON NEXT PAGE **

MERCY HEALTH SYSTEM LABORATORY MERCY FITZGERALD HOSPITAL 1500 LANSDOWNE AVENUE DARBY, PA 19023 (610)237-4742

SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

 NAME: EFUNNUGA, OLUTOKUNBO
 DOS:
 10/07/16
 LOC:FI4PVA

 AGE/SEX:37/M
 DOB:03/06/1979
 ACCT:
 FA1307223089
 MR:
 F001250247

ATTEND DR: LITTMAN, MARIO, MD

KEY H - Abn High *H - Critical High * - High or Low(Alpha results) # - Delta Check

	H - Critical High L - Critical Low		n or Low(Alperobiology Al		# - Delta Check
	H	EMATOLOGY CO	NTINUED		
Date Time	OCT 20 0415	OCT 19 0545	OCT 18 0545	Reference	Units
=> MCH => MCHC => RDW => PLATELET COUNT => MPV => NEUTROPHILS => LYMPHOCYTE => MONOCYTES => EOSINOPHIL => NEUTROPHILS # => LYMPHOCYTE # => MONOCYTE # => EOSINOPHIL # => BASOPHIL # => BASOPHIL #	33 4 H 35 4 H 13.5 554 H 8.6	33.5 H. 35.4 H. 13.4 531 H. 8.6	33.0 H 34.5 13.6 520 H 8.7 83.3 H 7.4 L 8.2 0.7 0.4 16.4 H 1.5 1.6 H 0.1	(7.4-10.4) (42.0-75.0) (18.0-44.0) (0.0-18.0) (0.0-5.0) (0.0-2.0) (1.8-8.0) (1.2-4.2)	pg g/dL % THOU/UL f L % % % % % Thou/uL Thou/uL Thou/uL Thou/uL Thou/uL Thou/uL
Date Time	OCT 17 0550	OCT 16 0515	OCT 15 0534	Reference	Units
=> WHITE BLOOD COUNT => RED BLOOD COUNT => HEMOGLOBIN => HEMATOCRIT => MCV => MCH => MCHC => RDW => PLATELET COUNT => MPV => NEUTROPHILS => LYMPHOCYTE => MONOCYTES => EOSINOPHIL => BASOPHIL => LYMPHOCYTE # => LYMPHOCYTE # => LYMPHOCYTE # => MONOCYTE #	18 3 H 3 66 L 11 9 L 35 2 L 96 4 32 6 H 33 8 13 5 464 H 8 8 84 3 H 6 2 L 8 1 1 2 0 2 15 4 H	17.6 H 3.58 L 11.8 L 96.2 32.9 H 34.2 13.4 371 9.0 86.4 H 5.5 L 7.2 0.6 0.3 15.2 H	3 53 L 11 5 L 34 5 L 97.7	(4.70-6.10) (13.5-17.5) (41.0-53.0) (80-100) (28.4-32.0) (32.6-34.8) (11.5-14.5) (150-450) (7.4-10.4) (42.0-75.0) (18.0-44.0) (0.0-18.0) (0.0-5.0) (0.0-2.0) (1.8-8.0) (1.2-4.2)	Thou/uL Mill/Ul g/dL % fL pg g/dL % THOU/UL fL % % % % % % Thou/uL Thou/uL Thou/uL

NAME: EFUNNUGA, OLUTOKUNBO

UNIT: F001250247 ACCT: FA1307223089

PRINTED: 12/07/16 0001

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MERCY HEALTH SYSTEM LABORATORY MERCY FITZGERALD HOSPITAL 1500 LANSDOWNE AVENUE

DARBY, PA 19023 (610)237-4742 SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

NAME:EFUNNUGA,OLUTOKUNI AGE/SEX:37/M DOB: ATTEND DR: LITTMAN,MAR	03/06/1979	DOS: 10/07/ ACCT: FA1307		LOC:FI4PVA MR: F0012502	47
	- Critical Hi - Critical Lo		gh or Low(Alcrobiology A	pha results) bn Result	# - Delta Check
		HEMATOLOGY C	ONTINUED		
Date Time	OCT 17 0550	OCT 16 0515	OCT 15 0534	Reference	Units
=> EOSINOPHIL # => BASOPHIL #	0.2	0.1	•	(0.0-0.7) (0.0-0.5)	Thou/uL Thou/uL
Date Time	OCT 14 0555	OCT 13 0600	OCT 12 0540	Reference	Units
=> WHITE BLOOD COUNT => RED BLOOD COUNT => HEMOGLOBIN => HEMATOCRIT => MCV => MCH => MCHC => RDW => PLATELET COUNT => MPV => NEUTROPHILS => LYMPHOCYTE => MONOCYTES => EOSINOPHIL => NEUTROPHILS # => LYMPHOCYTE # => MONOCYTE # => MONOCYTE # => MONOCYTE # => EOSINOPHIL # => BASOPHIL # => BASOPHIL #	10.9 3.79 L 12.3 L 98.5 32.5 H 33.0 13.9 262 9.4 77.0 H 7.5 L 11.2 3.9 0.4 8.4 H 0.8 L 1.2 H	11 8 L 35 1 L 97 8 32 8 H 33 5 13 5 194 9 6 76 0 H 8 0 L 4 0 7 0 H		(13.5-17.5) (41.0-53.0) (80-100) (28.4-32.0) (32.6-34.8) (11.5-14.5) (150-450) (7.4-10.4) (42.0-75.0) (18.0-44.0) (0.0-18.0) (0.0-5.0) (0.0-2.0) (1.8-8.0) (1.2-4.2)	Thou/uL Mill/Ul g/dL % fL pg g/dL % THOU/UL fL % % % % % Thou/uL Thou/uL Thou/uL Thou/uL Thou/uL
Date Time	OCT 11 1910	OCT 10 0445	OCT 9 0530	Reference	Units
=> WHITE BLOOD COUNT => RED BLOOD COUNT => HEMOGLOBIN => HEMATOCRIT => MCV => MCH	11 3 H 3.69 L 12 1 L 36 0 L 97.7 32.7 H	3,81 L 13,0 L 37,4 L 98.3	14.2 42.0 99.0	(4.70-6.10) (13.5-17.5) (41.0-53.0) (80-100)	Thou/uL Mill/Ul g/dL % fL pg
NAME: E	FUNNUGA, OLUTOK	UNBO	UNIT: F	001250247	

PRINTED:12/07/16 0001

ACCT: FA1307223089

PAGE: 4 ** CONTINUED ON NEXT PAGE **

MERCY HEALTH SYSTEM LABORATORY MERCY FITZGERALD HOSPITAL 1500 LANSDOWNE AVENUE

DARBY, PA 19023 (610)237-4742 SANIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO

DOS: 10/07/16

LOC:FI4PVA

AGE/SEX:37/M ATTEND DR: LITTMAN, MARIO, MD

DOB: 03/06/1979 ACCT: FA1307223089

MR: F001250247

KEY H - Abn High *H - Critical High * - High or Low(Alpha results) # - Delta Check
L - Abn Low *L - Critical Low * - Microbiology Abn Result

L - Abn Low	*L - Critical Lo	w Hic	robiology	ADII KOSUIT	
	1	HEMATOLOGY CO	NTINUED		
Date	OCT 11	OCT 10	OCT 9		
Time	1910	0445	0530	Reference	Units
=> MCHC	33.5	34.8	33.9	(32.6-34.8)	g/dL
=> RDW	13.3	13.1	13.6	(11.5–14.5)	% THOU (III
=> PLATELET COUNT	167 9.9	133 L 10.0	142 I 10.3	(150-450) (7.4-10.4)	THOU∕UL fL
=> MPV => NEUTROPHILS	80.7 H		82.8 H		% %
=> LYMPHOCYTE	9.1 L	*******************************	11.5 L		% %
=> MONOCYTES	9.4	5.3	5.6	(0.0-18.0)	%
=> EOSINOPHIL	0.6	i 0.2 i	0.0	(0.0-5.0)	%
=> BASOPHIL	0.2	0.1	0.1	(0.0-2.0)	*
=> NEUTROPHILS #	9 1 H		9.8 H		Thou/uL
=> LYMPHOCYTE #	1 0 L	·	1.4	(1.2-4.2)	Thou/uL
=> MONOCYTE #	11 H	0.4	0.7	(0.0-1.0)	Thou/uL
=> EOSINOPHIL #	0.1	0.0	0.0	(0.0-0.7)	Thou/uL
=> BASOPHIL #	0.0	0.0	0.0	(0.0-0.5)	Thou/uL
Date Time	OCT 8 0510	OCT 7 0732		Reference	Units
Time => WHITE BLOOD COUNT	0510	0732		(4.5-11.0)	Thou/uL
Time -> WHITE BLOOD COUNT -> RED BLOOD COUNT	0510 13.6 H 4.20 L	0732] 7.6] 4.76		(4.5-11.0) (4.70-6.10)	Thou/uL Mill/Ul
Time -> WHITE BLOOD COUNT -> RED BLOOD COUNT -> HEMOGLOBIN	0510 13.6 H 4.20 L 13.7 #	7.6 4.76 16.3		(4.5-11.0) (4.70-6.10) (13.5-17.5)	Thou/uL Mill/Ul g/dL
Time >> WHITE BLOOD COUNT >> RED BLOOD COUNT >> HEMOGLOBIN >> HEMATOCRIT	0510 13.6 H 4.20 L 13.7 # 41.0	7.6 4.76 16.3 46.7		(4.5-11.0) (4.70-6.10) (13.5-17.5) (41.0-53.0)	Thou/uL Mill/Ul g/dL %
Time >> WHITE BLOOD COUNT >> RED BLOOD COUNT >> HEMOGLOBIN >> HEMATOCRIT >> MCV	0510 13.6 H 4.20 L 13.7 # 41.0 97.6	7.6 4.76 16.3 46.7 98.1		(4.5-11.0) (4.70-6.10) (13.5-17.5) (41.0-53.0) (80-100)	Thou/uL Mill/Ul g/dL % fL
Time -> WHITE BLOOD COUNT -> RED BLOOD COUNT -> HEMOGLOBIN -> HEMATOCRIT -> MCV -> MCV	0510 13.6 H 4.20 L 13.7 # 41.0 97.6 32.6 H	7.6 4.76 16.3 46.7 98.1		(4.5-11.0) (4.70-6.10) (13.5-17.5) (41.0-53.0) (80-100) (28.4-32.0)	Thou/uL Mill/Ul g/dL % fL
Time -> WHITE BLOOD COUNT -> RED BLOOD COUNT -> HEMOGLOBIN -> HEMATOCRIT -> MCV -> MCH -> MCH	0510 13.6 H 4.20 L 13.7 # 41.0 97.6 32.6 H 33.4	7.6 4.76 16.3 46.7 98.1 34.2 H		(4.5-11.0) (4.70-6.10) (13.5-17.5) (41.0-53.0) (80-100) (28.4-32.0) (32.6-34.8)	Thou/uL Mill/Ul g/dL % fL pg g/dL
Time -> WHITE BLOOD COUNT -> RED BLOOD COUNT -> HEMOGLOBIN -> HEMATOCRIT -> MCV -> MCH -> MCH -> MCHC -> RDW	0510 13.6 H 4.20 L 13.7 # 41.0 97.6 32.6 H 33.4 13.0	7.6 4.76 16.3 46.7 98.1 34.2 H 34.9 H 13.6		(4.5-11.0) (4.70-6.10) (13.5-17.5) (41.0-53.0) (80-100) (28.4-32.0) (32.6-34.8) (11.5-14.5)	Thou/uL Mill/Ul g/dL % fL pg g/dL %
Time -> WHITE BLOOD COUNT -> RED BLOOD COUNT -> HEMOGLOBIN -> HEMATOCRIT -> MCV -> MCH -> MCH	0510 13.6 H 4.20 L 13.7 # 41.0 97.6 32.6 H 33.4	7.6 4.76 16.3 46.7 98.1 34.2 H		(4.5-11.0) (4.70-6.10) (13.5-17.5) (41.0-53.0) (80-100) (28.4-32.0) (32.6-34.8)	Thou/uL Mill/Ul g/dL % fL pg g/dL
Time -> WHITE BLOOD COUNT -> RED BLOOD COUNT -> HEMOGLOBIN -> HEMATOCRIT -> MCV -> MCH -> MCHC -> RDW -> PLATELET COUNT	0510 13.6 H 4.20 L 13.7 # 41.0 97.6 32.6 H 33.4 13.0 158	7.6 4.76 16.3 46.7 98.1 34.2 H 34.9 H		(4.5-11.0) (4.70-6.10) (13.5-17.5) (41.0-53.0) (80-100) (28.4-32.0) (32.6-34.8) (11.5-14.5) (150-450)	Thou/uL Mill/Ul g/dL % fL pg g/dL % THOU/UL
Time -> WHITE BLOOD COUNT -> RED BLOOD COUNT -> HEMOGLOBIN -> HEMATOCRIT -> MCV -> MCH -> MCHC -> RDW -> PLATELET COUNT -> MPV	0510 13.6 H 4.20 L 13.7 # 41.0 97.6 32.6 H 33.4 13.0 158	7.6 4.76 16.3 46.7 98.1 34.2 H 34.9 H 13.6 184 9.4		(4.5-11.0) (4.70-6.10) (13.5-17.5) (41.0-53.0) (80-100) (28.4-32.0) (32.6-34.8) (11.5-14.5) (150-450) (7.4-10.4)	Thou/uL Mill/Ul g/dL % fL pg g/dL % THOU/UL fL %
Time -> WHITE BLOOD COUNT -> RED BLOOD COUNT -> HEMOGLOBIN -> HEMATOCRIT -> MCV -> MCH -> MCHC -> RDW -> PLATELET COUNT -> MPV -> NEUTROPHILS	0510 13.6 H 4.20 L 13.7 # 41.0 97.6 32.6 H 33.4 13.0 158	7.6 4.76 16.3 46.7 98.1 34.2 H 34.9 H 13.6 184 9.4 77.0 H		(4.5-11.0) (4.70-6.10) (13.5-17.5) (41.0-53.0) (80-100) (28.4-32.0) (32.6-34.8) (11.5-14.5) (150-450) (7.4-10.4) (42.0-75.0) (18.0-44.0) (0.0-18.0)	Thou/uL Mill/Ul g/dL % fL pg g/dL % THOU/UL fL % %
Time -> WHITE BLOOD COUNT -> RED BLOOD COUNT -> HEMOGLOBIN -> HEMATOCRIT -> MCV -> MCH -> MCHC -> RDW -> PLATELET COUNT -> MPV -> NEUTROPHILS -> LYMPHOCYTE -> MONOCYTES -> EOSINOPHIL	0510 13.6 H 4.20 L 13.7 # 41.0 97.6 32.6 H 33.4 13.0 158	7.6 4.76 16.3 46.7 98.1 34.2 H 34.9 H 13.6 184 9.4 77.0 H		(4.5-11.0) (4.70-6.10) (13.5-17.5) (41.0-53.0) (80-100) (28.4-32.0) (32.6-34.8) (11.5-14.5) (150-450) (7.4-10.4) (42.0-75.0) (18.0-44.0) (0.0-18.0) (0.0-5.0)	Thou/uL Mill/Ul g/dL % fL pg g/dL % THOU/UL fL % %
Time -> WHITE BLOOD COUNT -> RED BLOOD COUNT -> HEMOGLOBIN -> HEMATOCRIT -> MCV -> MCH -> MCHC -> RDW -> PLATELET COUNT -> MPV -> NEUTROPHILS -> LYMPHOCYTE -> MONOCYTES -> EOSINOPHIL -> BASOPHIL	0510 13.6 H 4.20 L 13.7 # 41.0 97.6 32.6 H 33.4 13.0 158	7.6 4.76 16.3 46.7 98.1 34.2 H 34.9 H 13.6 184 9.4 77.0 H 16.2 L		(4.5-11.0) (4.70-6.10) (13.5-17.5) (41.0-53.0) (80-100) (28.4-32.0) (32.6-34.8) (11.5-14.5) (150-450) (7.4-10.4) (42.0-75.0) (18.0-44.0) (0.0-18.0) (0.0-5.0) (0.0-2.0)	Thou/uL Mill/Ul g/dL % fL pg g/dL % THOU/UL fL % % %
Time -> WHITE BLOOD COUNT -> RED BLOOD COUNT -> HEMOGLOBIN -> HEMATOCRIT -> MCV -> MCH -> MCHC -> RDW -> PLATELET COUNT -> MPV -> NEUTROPHILS -> LYMPHOCYTE -> MONOCYTES -> EOSINOPHIL -> BASOPHIL -> NEUTROPHILS #	0510 13.6 H 4.20 L 13.7 # 41.0 97.6 32.6 H 33.4 13.0 158	7.6 4.76 16.3 46.7 98.1 34.2 H 34.9 H 13.6 184 9.4 77.0 H 16.2 L 6.1 0.4 0.3		(4.5-11.0) (4.70-6.10) (13.5-17.5) (41.0-53.0) (80-100) (28.4-32.0) (32.6-34.8) (11.5-14.5) (150-450) (7.4-10.4) (42.0-75.0) (18.0-44.0) (0.0-18.0) (0.0-5.0) (0.0-2.0) (1.8-8.0)	Thou/uL Mill/Ul g/dL % fL pg g/dL % THOU/UL fL % % % % % Thou/uL
Time -> WHITE BLOOD COUNT -> RED BLOOD COUNT -> HEMOGLOBIN -> HEMATOCRIT -> MCV -> MCH -> MCHC -> RDW -> PLATELET COUNT -> MPV -> NEUTROPHILS -> LYMPHOCYTE -> MONOCYTES -> EOSINOPHIL -> BASOPHIL -> NEUTROPHILS # -> LYMPHOCYTE #	0510 13.6 H 4.20 L 13.7 # 41.0 97.6 32.6 H 33.4 13.0 158	7.6 4.76 16.3 46.7 98.1 34.2 H 34.9 H 13.6 184 9.4 77.0 H 16.2 L 6.1 0.4 0.3 5.9 1.2		(4.5-11.0) (4.70-6.10) (13.5-17.5) (41.0-53.0) (80-100) (28.4-32.0) (32.6-34.8) (11.5-14.5) (150-450) (7.4-10.4) (42.0-75.0) (18.0-44.0) (0.0-18.0) (0.0-5.0) (0.0-2.0) (1.8-8.0) (1.2-4.2)	Thou/uL Mill/Ul g/dL % fL pg g/dL % THOU/UL fL % % % % Thou/uL Thou/uL
Time -> WHITE BLOOD COUNT -> RED BLOOD COUNT -> HEMOGLOBIN -> HEMATOCRIT -> MCV -> MCH -> MCH -> MCHC -> RDW -> PLATELET COUNT -> MPV -> NEUTROPHILS -> LYMPHOCYTE -> MONOCYTES -> EOSINOPHIL -> BASOPHIL -> NEUTROPHILS #	0510 13.6 H 4.20 L 13.7 # 41.0 97.6 32.6 H 33.4 13.0 158	7.6 4.76 16.3 46.7 98.1 34.2 H 34.9 H 13.6 184 9.4 77.0 H 16.2 L 6.1 0.4 0.3		(4.5-11.0) (4.70-6.10) (13.5-17.5) (41.0-53.0) (80-100) (28.4-32.0) (32.6-34.8) (11.5-14.5) (150-450) (7.4-10.4) (42.0-75.0) (18.0-44.0) (0.0-18.0) (0.0-5.0) (0.0-2.0) (1.8-8.0)	Thou/uL Mill/Ul g/dL % fL pg g/dL % THOU/UL fL % % % % % Thou/uL

NAME: EFUNNUGA, OLUTOKUNBO

UNIT: F001250247 ACCT: FA1307223089

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DARBY, PA 19023 (610)237-4742 SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

LOC:FI4PVA

 NAME: EFUNNUGA, OLUTOKUNBO
 DOS:
 10/07/16

 AGE/SEX:37/M
 DOB:
 03/06/1979
 ACCT:
 FA1307223089
 MR: F001250247

ATTEND DR: LITTMAN, MARIO, MD

HEMATOLOGY CONTINUED

OCT 8 OCT 7 Date 0510 Reference Time 0732 Units

| 0.0 | | (0.0-0.5) Thou/uL => BASOPHIL #

	Test	Day	Date	Time	Result	Reference	Units
=>	NUCLEATED RBC%	7	OCT 13	0600	1.0		*
=>	BAND	7	OCT 13	0600	3.0	(0.0-4.0)	%
=>	BAND	18	OCT 24	0450	4.0	(0.0-4.0)	%
=>	MYELOCYTE	7	OCT 13	0600	2.0		%
=>	BAND#	7	OCT 13	0600	0.3		Thou/uL
=>	BAND#	18	OCT 24	0450	0.9		Thou/uL
	MYELOCYTE#	7	OCT 13	0600	0.2		Thou/uL
	PLT ESTIMATE	18	OCT 24	0450	INCREASED	(NORMAL)	
=>	POLYCHROMASIA	18	OCT 24	0450	1+		
=>	HYPOCHROMASIA	7	OCT 13	0600	1+		
	ANISOCYTOSIS	18	OCT 24	0450	1+		
=>	MICROCYTOSIS	7	OCT 13	0600	1+		
=>	MACROCYTOSIS	7	OCT 13	0600	1+		
=>	MACROCYTOSIS	18	OCT 24	0450	FEW		
=>	TARGET CELLS	18	OCT 24	0450	1+		
=>	Prothrombin Tim	ı 1	OCT 7	0732	14.1	(11.3-15.3)	SECONDS
	Prothrombin Tim		OCT 20	0415		(11.3–15.3)	SECONDS
=>	Prothrombin Tim	ւ 15	OCT 21	0500	16.4 H		SECONDS
	Prothrombin Tim		OCT 24	0450	15.8 F		SECONDS
=>	Prothrombin Tim	19	OCT 25	0829	17.2 F		SECONDS
	Prothrombin Tim		OCT 26	0545		(11.3–15.3)	SECONDS
	Prothrombin Tim	ı 21	OCT 27	0605		[(11.3–15.3)	SECONDS
	INR	1	OCT 7	0732	1.2	(0.8-1.2)	
	INR	14	OCT 20	0415	1 4 F		
	INR	15	OCT 21	0500	1.4 F		
	INR	18	OCT 24	0450	1.3 F		
	INR	19	OCT 25	0829	1.5 H		
1	INR	20	OCT 26	0545	1.6 H		
	INR	21	OCT 27	0605		(0.8-1.2)	
1	PTT	1	OCT 7	0732	31.0	(24.0-39.0)	SECONDS
=>	PTT	20	OCT 26	1238	37.4	(24.0-39.0)	SECONDS

NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247 ACCT: FA1307223089

PRINTED: 12/07/16 0001 PAGE: 6 ** CONTINUED ON NEXT PAGE **

DARBY, PA 19023 (610)237-4742 SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

LOC:FI4PVA NAME: EFUNNUGA, OLUTOKUNBO DOS: 10/07/16 ACCT: FA1307223089 DOB: 03/06/1979 MR: F001250247 AGE/SEX:37/M

ATTEND DR: LITTMAN, MARIO, MD

Test Day	y Date	Time	Result	Reference	Units
· ·	2 OCT 8	1337	CSF(b)		
=> TUBE NUMBER, CS	2 OCT 8	1337	3		
=> COLOR, CSF	2 OCT 8	1337	COLORLESS		
=> APPEARANCE, CSF	2 OCT 8	1337	CLEAR		
	2 OCT 8	1337	ИО		
·	2 OCT 8	1337	1		∕uL
	2 OCT 8	1337	383		/mm3
=> GLUCOSE, CSF	2 OCT 8	1337	69	(40-70)	mg/dL
	2 OCT 8	1337		(15-45)	mg/dL
	2 OCT 8	2100	YELLOW	(YEL, AMB)	
=> COLOR URINE 1		1813	AMBER	(YEL, AMB)	
	2 OCT 8	2100	CLEAR	(CLEAR)	
=> APPEARANCE 1		1813	CLEAR	(CLEAR)	
	2 OCT 8	2100	NEGATIVE	(NEGATIVE)	mg/dl
=> GLUCOSE 1		1813	NEGATIVE	(NEGATIVE)	mg/dl
	2 OCT 8	2100	NEGATIVE	(NEGATIVE)	
=> BILIRUBIN 1		1813	NEGATIVE	(NEGATIVE)	
	2 OCT 8	2100		(NEGATIVE)	mg/dL
=> KETONE 1		1813	NEGATIVE	(NEGATIVE)	mg/dL
	2 OCT 8	2100	1.020	(1.005-1.030)	
=> SPECIFIC GRAVIT 1		1813	1.012	(1.005-1.030)	
	2 OCT 8	2100		(NEGATIVE)	
=> OCCULT BLOOD UR 1		1813	LARGE H	, , ,	
	2 OCT 8	2100	9.0	(5.0-9.0)	
=> PH, URINE 1		1813	7.0	(5.0-9.0)	4.17
	2 OCT 8	2100		(Neg, Trace)	mg/dL
=> PROTEIN 1		1813	30 H	(Neg, Trace)	mg/dL
	2 OCT 8	2100	4 0 H	(0.1-2.0)	E.U./dL
=> UROBILINOGEN 1: => NITRATE	3 OCT 19 2 OCT 8	1813 2100	4.0 H NEGATIVE	(0.1-2.0)	E.U./dL
=> NITRATE => NITRATE 1		1813	NEGATIVE NEGATIVE	(NEGATIVE) (NEGATIVE)	
=> LEUKOCYTE ESTER		2100	NEGATIVE	(NEGATIVE)	
=> LEUKOCYTE ESTER 1		1813	NEGATIVE	(NEGATIVE)	
-> LEUROCITE ESTER I	5 001 19	1013	HEGRITYE	(NEGRIIVE)	
NOTES: (b)			l Range		
_	Adu.		Neonates		
Lymph	40-		5-35%		
Mono	15-		50-90%		
Seg	0	5%	0-8%		

NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247

ACCT: FA1307223089

PRINTED: 12/07/16 0001 PAGE: 7 ** CONTINUED ON NEXT PAGE **

DARBY, PA 19023 (610)237-4742 SANIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

LOC:FI4PVA NAME: EFUNNUGA, OLUTOKUNBO DOS: 10/07/16

ACCT: FA1307223089 MR: F001250247 DOB:03/06/1979 AGE/SEX:37/M

ATTEND DR: LITTMAN, MARIO, MD

	Test	Day	Date	Time	Result	Reference	Units	
					IDD WYODO			
	MICROSCOPIC	2	OCT 8	2100	ADD MICRO			
	MICROSCOPIC	13	OCT 19	1813	ADD MICRO	(0.2)	/h=6	
=>	RBC	2	OCT 8	2100	0-2	(0-2)	/hpf	
=>	RBC	13	OCT 19	1813	THE STREET STREET, STR	(0-2)	/hpf	
=>	WBC	2	OCT 8	2100	6-10 H		/hpf	
= >	WBC	13	OCT 19 OCT 19	1813	3-5 OCC	(0-5)	/hpf	
=>	SQUAMOUS CELLS	13		1813		****	/hpf	
=>	HYALINE CAST	13	OCT 19 OCT 7	1813 0735	OCC H 98.6		∕hpf	
	Patient Temp	1 1	OCT 7	0/35	98.6			
=>	Patient Temp	1	OCT 7	1025	98.6			
	Patient Temp	1	OCT 7	1700	98.6			
	Patient Temp	2	OCT 8	0615	98.6			
=>	Patient Temp Patient Temp	3	OCT 9	0558	98.6			
		4	OCT 10	0500	98.6			
	Patient Temp Patient Temp	6	OCT 12	0552	98.6			
	Patient Temp	7	OCT 12	0532	98.6			
	Patient Temp	8	OCT 14	0457	98.6			
	Patient Temp	18	OCT 24	1700	98.6			
=>	pH, ARTERIAL	1	OCT 7	0825		(7.35-7.45)		
= >	pH, ARTERIAL	2	OCT 8	0615	7.45	(7.35-7.45)		
	pH, ARTERIAL	3	OCT 9	0558	7.48 H			
= >	pH, ARTERIAL	4	OCT 10	0500	7.43	(7.35-7.45)		
=>	pH, ARTERIAL	6	OCT 12	0552	7.44	(7.35-7.45)		
1 '	pH, ARTERIAL	7	OCT 13	0530	7.41	(7.35-7.45)		
	pH, ARTERIAL	8	OCT 14	0457	7.44	(7.35-7.45)		
= >	pH, ARTERIAL	18	OCT 24	1700	7.41	(7.35-7.45)		
1 '	VBG pH	1	OCT 7	0735	7.26 I	(7.32-7.43)		
=>	VBG pH	1	OCT 7	1025		(7.32-7.43)		
= >	VBG pH	ī	OCT 7	1700	7.43	(7.32-7.43)		
= >	ART BLD PCO2	1	OCT 7	0825	50.7 H		mmH _	
= >	ART BLD PCO2	2	OCT 8	0615	48.6 H	1111	mmHg	
= >	ART BLD PCO2	3	OCT 9	0558	39.1	(35.0-45.0)	mmHg	
=>	ART BLD PC02	4	OCT 10	0500	42.2	(35.0-45.0)	mmHg	
= >	ART BLD PCO2	6	OCT 12	0552	40.8	(35.0-45.0)	mmHg	
=>	ART BLD PCO2	7	OCT 13	0530	46.2 H	(35.0-45.0)	mmHg	
=>	ART BLD PCO2	8	OCT 14	0457	43.5	(35.0-45.0)	mmHg	
=>	ART BLD PCO2	18	OCT 24	1700	40.6	(35.0-45.0)	mmHg	
=>	VEN PARTL PRES	5 1	OCT 7	0735	57.2 H		mmHg	
=>	VEN PARTL PRESS	5 1	OCT 7	1025	59.2 H	(38–50)	mmHg	
							_	

UNIT: F001250247 NAME: EFUNNUGA, OLUTOKUNBO ACCT: FA1307223089

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DARBY, PA 19023 (610)237-4742 MEDICAL DIRECTOR SAMIA HENIEN, M.D.

LABORATORY REPORT

DOS: 10/07/16 LOC:FI4PVA NAME: EFUNNUGA, OLUTOKUNBO

ACCT: FA1307223089 MR: F001250247 AGE/SEX:37/M DOB: 03/06/1979

ATTEND DR: LITTMAN, MARIO, MD

KEY H - Abn High *H - Critical High * - High or Low(Alpha results) # - Delta Check
L - Abn Low *L - Critical Low * - Microbiology Abn Result

	Test Day	Date	Time	Result	Reference	Units
	VEN PARTL PRESS 1	OCT 7	1700	47.1	(38-50)	mmHq
= >	VEN BLOOD GAS P 1	OCT 7	0735	68.1 H		mmHg
	VEN BLOOD GAS P 1	OCT 7	1025	43.5	(30-50)	mmHg
		OCT 7	1700	91.1 H	(30-50)	mmHg
=>	VBG PH TEMP COR 1	OCT 7	0735	7.26 L	(7.32-7.43)	www.
1	VBG PH TEMP COR 1	OCT 7	1025	7.29 L	(7.32-7.43)	
	VBG PH TEMP COR 1	OCT 7	1700	7.43	(7.32-7.43)	
	VBG PCO2 TEMP C 1	OCT 7	0735	57.2 H	(38-50)	
=>		OCT 7	1025	59.2 H	(38-50)	
	VBG PCO2 TEMP C 1	OCT 7	1700	47.1	(38-50)	
	VBG PO2 TEMP CO 1	OCT 7	0735		(30-50)	
1	VBG PO2 TEMP CO 1	OCT 7	1025	43.5	(30-50)	
	VBG PO2 TEMP CO 1	OCT 7	1700	91 1 H	(30-50)	
•	ART BL PART PRE 1	OCT 7	0825	482 H	(83-108)	mmHg
=>		OCT 8	0615	148 H	(83-108)	mmHg
= >		OCT 9	0558	60 L	(83-108)	mmHg
=>		OCT 10	0500	107	(83-108)	mmHg
= >		OCT 12	0552	126 H		mmHg
	ART BL PART PRE 7	OCT 13	0530	122 H	(83-108)	mmHg
	ART BL PART PRE 8	OCT 14	0457	94	(83-108)	mmHg
= >		OCT 24	1700	104	(83-108)	mmHg
=>		OCT 7	0735	25.8	(23-27)	mmol/L
=>	VENOUS HCO3 1	OCT 7	1025	28.6 H	(23–27)	mmol/L
	VENOUS HCO3 1	OCT 7	1700	31.3 H	(23-27)	mmol/L
		OCT 7	0825	7.31 L		
	ABG Ph TEMP COR 2	OCT 8	0615	7.45	(7.35-7.45)	
=>	ABG Ph TEMP COR 3	OCT 9	0558	7 48 H	(7.35-7.45)	
= >	ABG Ph TEMP COR 4	OCT 10	0500	7.43	(7.35-7.45)	
=>	ABG Ph TEMP COR 6	OCT 12	0552	7.44	(7.35-7.45)	
= >		OCT 13	0530	7.41	(7.35-7.45)	
=>		OCT 14	0457	7.44	(7.35-7.45)	
	ABG Ph TEMP COR 18	OCT 24	1700	7.41	(7.35-7.45)	
=>	ABG PCO2 TEMP C 1	OCT 7	0825		(35.0-45.0)	
=>		OCT 8	0615	48.6 H	(35.0-45.0)	
=>	ABG PCO2 TEMP C 3	OCT 9	0558	39.1	(35.0-45.0)	
=>		OCT 10	0500	42.2	(35.0-45.0)	
=>	ABG PCO2 TEMP C 6	OCT 12	0552	40.8	(35.0-45.0)	
	ABG PCO2 TEMP C 7	OCT 13	0530	46.2 H	,	
	ABG PCO2 TEMP C 8	OCT 14	0457	43.5	(35.0-45.0)	
=>	ABG PCO2 TEMP C 18	OCT 24	1700	40.6	(35.0-45.0)	
-						

UNIT: F001250247 NAME: EFUNNUGA, OLUTOKUNBO ACCT: FA1307223089

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DARBY, PA 19023 (610)237-4742 SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO DOS: 10/07/16 LOC:FI4PVA DOB: 03/06/1979 ACCT: FA1307223089 MR: F001250247 AGE/SEX:37/M

ATTEND DR: LITTMAN, MARIO, MD

KEY H - Abn High *H - Critical High * - High or Low(Alpha results) # - Delta Check
L - Abn Low *L - Critical Low * - Microbiology Abn Result

Test Da	y Date	Time	Result	Reference	Units	
			_			
	1 OCT 7	0825		(83-108)		
	2 OCT 8	0615	148 H	(83-108)		
	3 OCT 9	0558	59.8 *1.	(83-108)		
	4 OCT 10	0500	107	(83-108)		
	6 OCT 12	0552	126 H	(83-108)		
	7 OCT 13	0530	122 H	(83-108)		
	8 OCT 14	0457	93.5	(83-108)		
=> ABG PO2 TEMP CO 1		1700	104	(83-108)	1 AT	
	1 OCT 7	0825	25.4	(21-28)	mmol/L	
	2 OCT 8	0615	33.7 H	(21-28)	mmol/L	
	3 OCT 9	0558	28.9 H	(21-28)	mmol/L	
	4 OCT 10	0500	28.1 H	(21-28)	mmol/L	
1	6 OCT 12	0552	27.4	(21-28)	mmol/L	
	7 OCT 13	0530	29.2 H	, ,	mmol/L	
	8 OCT 14	0457	29.5 H	(21-28)	mmol/L	
=> HCO3 1		1700	25.4	(21-28)	mmol/L	
		0825	-1.3	(-2-2)	mmol/L	
1	2 OCT 8	0615	8,7 H 4,9 H	(-2-2)	mmol/L mmol/L	
1	3 OCT 9 4 OCT 10	0558	4.9 H 3.5 H	(-2-2) (-2-2)	mmol/L	
1	4 OCT 10 6 OCT 12	0500 0552	2.9 H		mmol/L	
	7 OCT 13	0530	4.1 H	(-2-2) (-2-2)	mmol/L	
1	7 OCT 13 8 OCT 14	0457	4.1 H	(-2-2)	mmol/L	
=> BASE EXCESS 1		1700	0.7	(-2-2)	mmol/L	
	0 OCT 7	0735	-1.8	(-2-2)	mmol/L	
	1 OCT 7	1025	1.3	(-2-2)	mmol/L	
1	1 OCT 7	1700	6.2 H		mmol/L	
	1 OCT 7	0735	87.0	(-2-2)	WWOI' E	
	1 OCT 7	1025	71.6			
	1 OCT 7	1700	97.2			
•	1 OCT 7	0735	139	(136-147)	mmol/L	
	1 OCT 7	1025	141	(136-147)	mmol/L	
	1 OCT 7	1700	139	(136-147)	mmol/L	
	2 OCT 8	0615	POS	, ,	_	
	1 OCT 7	0735	3.9	(3.5-5.0)	mmol/L	
l .	1 OCT 7	1025	4.3	(3.5-5.0)	mmol/L	
1	1 OCT 7	1700	6.0 H	(3.5-5.0)	mmol/L	
I .	1 OCT 7	0735	104	(98-108)	mmol/L	
=> VEN BG CHLORIDE	1 OCT 7	1025	105	(98-108)	mmol/L	
	1 OCT 7	1700	104	(98-108)	mmol/L	

NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247 ACCT: FA1307223089

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DARBY, PA 19023 (610)237-4742 SANIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

DOS: 10/07/16 NAME: EFUNNUGA, OLUTOKUNBO LOC:FI4PVA

DOB:03/06/1979 ACCT: FA1307223089 AGE/SEX:37/M MR: F001250247

ATTEND DR: LITTMAN, MARIO, MD

	Test I	Day	Date	Time	Result 1	Reference	Units
= >	VEN BG CA, IONI	1	OCT 7	0735	1.13 L	(1.17-1.32)	mmol/L
=>	VEN BG CA, IONI	1	OCT 7	1025		(1.17-1.32)	mmol/L
=>	VEN BG CA, IONI	1	OCT 7	1700		(1.17-1.32)	mmol/L
=>	VEN BG LACTATE	1	OCT 7	0735	3.5(c) * H		mmol/L
=>		1	OCT 7	1025		(0.5-2.2)	mmol/L
	VEN BG LACTATE	1	OCT 7	1700		(0.5-2.2)	mmol/L
	% SAT, MEAS (AB		OCT 7	0825		(95-98)	%
	% SAT, MEAS (AB		OCT 8	0615	***************************************	(95-98)	%
	% SAT, MEAS (AB	3	OCT 9	0558		(95-98)	%
	% SAT, MEAS (AB	4		0500		(95-98)	%
	% SAT, MEAS (AB		OCT 12	0552		(95-98)	*
	% SAT, MEAS (AB		OCT 13	0530		(95-98)	*
	% SAT, MEAS (AB		OCT 14	0457		(95-98)	%
	% SAT, MEAS (AB		OCT 24	1700		(95–98)	<u>%</u>
	ARTERIAL FIO2	1	OCT 7	0825	100.0		<u>%</u>
	ARTERIAL FIO2	2	OCT 8	0615	40.0		*
	ARTERIAL FIO2	3	OCT 9	0558	30.0		<u> </u>
	ARTERIAL FIO2 ARTERIAL FIO2	4 6	OCT 10 OCT 12	0500 0552	40.0		% •
	ARTERIAL F102	7	OCT 12	0532	40.0 40.0		% %
	ARTERIAL F102	8	OCT 14	0457	40.0		% %
	ARTERIAL FIO2	18	OCT 24	1700	50.0		^ %
	ART TIDAL VOLUM		OCT 7	0825	400		mL
	ART TIDAL VOLUM	2		0615	400		mL
	ART TIDAL VOLUM		OCT 12	0552	400		mL mL
	ART TIDAL VOLUM		OCT 13	0530	450		mL
	ART TIDAL VOLUM	8	OCT 14	0457	450		mL
	ART TIDAL VOLUM	_	OCT 24	1700	450		mL
	ARTERIAL PEEP	1	OCT 7	0825	5.0		cmH2O
	ARTERIAL PEEP	2	OCT 8	0615	5.0		cmH2O
	ARTERIAL PEEP	6	OCT 12	0552	5.0		cmH2O
	ARTERIAL PEEP	7	OCT 13	0530	5.0		cmH2O
	ARTERIAL PEEP	8	OCT 14	0457	5.0		cmH2O
=>	ARTERIAL PEEP	18	OCT 24	1700	5.0		cmH2O
	O2 DEVICE PRIMA	1	OCT 7	0825	1 NA		
= >	O2 DEVICE PRIMA	2	OCT 8	0615	AERM		
NO	TES: (c) PESUL	רא כ	מדדבת דם	מ מעג	ו פת עם ערגע מע הם	HATTSTEAD ON	10/07/16

NOTES: (c) RESULTS CALLED TO AND READ BACK BY DR. HALLSTEAD ON 10/07/16 at 0744 by FIWIRZBL

> NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247 ACCT: FA1307223089

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DARBY, PA 19023 (610)237-4742 SANIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO DOS: 10/07/16 LOC:FI4PVA

ACCT: FA1307223089 DOB: 03/06/1979 AGE/SEX:37/M MR: F001250247

ATTEND DR: LITTMAN, MARIO, MD

	Test Day	Date	Time	Result	Reference	Units
=>	O2 DEVICE PRIMA 3	OCT 9	0558	AERM		
	O2 DEVICE PRIMA 4		0500	AERM		
	O2 DEVICE PRIMA 6	OCT 12	0552	AERM		
	O2 DEVICE PRIMA 7		0530	AERM		
	O2 DEVICE PRIMA 8	OCT 14	0457	AERM		
=>	O2 DEVICE PRIMA 18	OCT 24	1700	0.NA		
=>	VBG TEMP 1	OCT 7	0735	98.6		С
=>	VBG TEMP 1	OCT 7	1025	98.6		С
=>	VBG TEMP 1	OCT 7	1700	98.6		С
=>		OCT 8	0615	142	(136-147)	mmol/L
	ABG NA 3	OCT 9	0558	141	(136-147)	$\mathtt{mmol} \diagup \mathtt{L}$
	ABG NA 4	OCT 10	0500	140	(136-147)	mmol/L
	ABG NA 6	OCT 12	0552	139	(136-147)	mmol/L
= >	ABG NA 8	OCT 14	0457	140	(136-147)	mmol/L
=>		OCT 24	1700		(136-147)	mmol/L
= >		OCT 8	0615	3.8	(3.6-5.2)	mmol/L
	ABG K 3	OCT 9	0558	3.8	(3.6-5.2)	mmol/L
	ABG K 4	OCT 10	0500	3.7	(3.6-5.2)	mmol/L
	ABG K 6	OCT 12	0552	3.8	(3.6-5.2)	mmol/L
	ABG K 8	OCT 14	0457	3.8	(3.6-5.2)	mmol/L
	ABG K 18	OCT 24	1700	8.6(d) *H	(3.6-5.2)	mmol/L
	ABG CL 2	OCT 8	0615	102	(98-108)	mmol/L
= >		OCT 9	0558	106	(98-108)	mmol/L
	ABG CL 4	OCT 10	0500	107	(98-108)	mmol/L
	ABG CL 6	OCT 12	0552	106	(98-108)	mmol/L
	ABG CL 8	OCT 14	0457	104	(98-108)	mmol/L
	ABG CL 18	OCT 24	1700	100	(98-108)	mmol/L
= >		OCT 8	0615	1.19	(1.17-1.32)	mmol/L
= >			0558	1.21	(1.17-1.32)	mmol/L
	CA, IONIZED (AB 4		0500	1.20	(1.17-1.32)	mmol/L
	CA, IONIZED (AB 6 CA, IONIZED (AB 8	OCT 12 OCT 14	0552 0457	1.17	(1.17-1.32)	mmol/L
	CA, IONIZED (AB 18	OCT 24	1700	1.18 1.07 L	(1.17-1.32) (1.17-1.32)	mmol/L
	LACTATE (ABG) 2	OCT 8	0615	1.0	(0.5-2.2)	mmol/L mmol/L
	LACTATE (ABG) 2 LACTATE (ABG) 3		0558	1.3	(0.5-2.2)	mmol/L
	LACTATE (ABG) 4		0500	1.1	(0.5-2.2)	mmol/L
	INCINID (NDO) 4	501 10	5500	1.1	(0.0-2.2)	Willer T. T

NOTES: (d) RESULTS CALLED TO AND READ BACK BY chowdhury ON 10/24/16 at 1704 by FIWHITEN

> NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247

ACCT: FA1307223089 PRINTED:12/07/16 0001 PAGE: 12 ** CONTINUED ON NEXT PAGE **

DARBY, PA 19023 (610)237-4742 SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO DOS: 10/07/16 LOC:FI4PVA

DOB:03/06/1979 ACCT: FA1307223089 AGE/SEX:37/M MR: F001250247

ATTEND DR: LITTMAN, MARIO, MD

Test	Dan	Date	Time	Result	Reference	Units
1650	Day	Dave	111116	Kesui t	Keletence	onics
=> LACTATE	(ABG) 6	OCT 12	0552	0.7	(0.5-2.2)	mmol/L
=> LACTATE		OCT 14	0457	1.0	(0.5-2.2)	mmo1/L
=> LACTATE	•	OCT 24	1700	1.0	(0.5-2.2)	mmol/L
=> HEMATOC	RIT (ABG 1	OCT 7	0735	51.2	(41.0-53.0)	%
=> HEMATOC		OCT 7	1025	45.9	(41.0-53.0)	%
=> HEMATOC		OCT 7	1700	46.3	(41.0-53.0)	%
=> HEMATOC	RIT (ABG 2	OCT 8	0615	42.1	(41.0-53.0)	%
=> HEMATOC		OCT 9	0558	43.4	(41.0-53.0)	%
=> HEMATOC		OCT 10	0500	39.9 L	(41.0-53.0)	%
=> HEMATOC		OCT 12	0552	36,4 I	(41.0-53.0)	%
=> HEMATOC			0530	35.7 L	(41.0-53.0)	%
=> HEMATOO	•	OCT 14	0457	37.5 L	(41.0-53.0)	%
1	RIT (ABG 18	OCT 24	1700	38.6 L	(41.0-53.0)	%
=> MECH VE		OCT 7	0825	18		bpm
=> MECH VE		OCT 12	0552	18		bpm
	NT SETTI 7	OCT 13	0530	24		bpm
1	NT SETTI 8	OCT 14	0457	24		bpm
	NT SETTI 18	OCT 24	1700	16		bpm
=> POCT GL		OCT 7	0707	109 H	, , , ,	mg/dL
=> POCT GL		OCT 7	0816	82	(70-99)	mg/dL
=> POCT GL		OCT 12	0804	88	(70-99)	mg/dL
=> POCT GL		OCT 12	1116	67 L		mg/dL
=> POCT GL		OCT 12	1630	101(e) H	1 .	mg/dL
=> POCT GL		OCT 12	2122	106(f) H	(70-99)	mg/dL
=> POCT GL		OCT 13	0612	121 H	(70-99)	mg/dL
=> POCT GL		OCT 13	1113	91	(70-99)	mg/dL
=> POCT GL		OCT 13	1623	73(g)	(70-99)	mg/dL
=> POCT GL		OCT 13	2125	108(h) H		mg/dL
=> POCT GL		OCT 14	0523	113 H	(70-99)	mg/dL
=> POCT GL		OCT 14	1233	137 H	(70-99)	mg/dL
=> POCT GL		OCT 14	1625	109(i) H	(70-99)	mg/dL
=> POCT GL	UCOSE 8	OCT 14	2123	121(j) H	(70-99)	mg/dL
NOTES: (e) RN/MD not	ified				
MOIES: (e	•					
(g						
(9	·					
(i	,					
1 1	•	11160				

(j) RN/MD notified

NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247 ACCT: FA1307223089

PRINTED:12/07/16 0001 PAGE: 13 ** CONTINUED ON NEXT PAGE **

DARBY, PA 19023 (610)237-4742 SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO DOS: 10/07/16 LOC:FI4PVA

DOB: 03/06/1979 ACCT: FA1307223089 AGE/SEX:37/M MR: F001250247

ATTEND DR: LITTMAN, MARIO, MD

(r) RN/MD notified

Tes	t	Day	Date	Time	Result	Reference	Units	
 => POC	T GLUCOSE	9	OCT 15	2227	97	(70-99)	mg/dL	
	T GLUCOSE	10	OCT 16	0449	98	(70-99)	mg/dL	
	T GLUCOSE	10	OCT 16	1048	104 H		mg/dL	
=> POC	T GLUCOSE	10	OCT 16	1641	90	(70–99)	mg/dL	
=> POC	T GLUCOSE	11	OCT 17	0442	90	(70-99)	mg/dL	
=> POC	T GLUCOSE	11	OCT 17	1139	84	(70-99)	mg/dL	
=> POC	T GLUCOSE	11	OCT 17	1644	91	(70-99)	mg/dL	
=> POC	T GLUCOSE	11	OCT 17	2237	89	(70-99)	mg/dL	
	T GLUCOSE	12	OCT 18	0523	98	(70-99)	mg/dL	
	T GLUCOSE	12	OCT 18	1142	95	(70-99)	mg/dL	
	T GLUCOSE	12	OCT 18	1634	79(k)	(70-99)	mg/dL	
	T GLUCOSE	12	OCT 18	2142	113(1) H	(70-99)	mg/dL	
	T GLUCOSE	13	OCT 19	0426	121 H	(70-99)	mg/dL	
	T GLUCOSE	13	OCT 19	1111	130 H	(70-99)	mg/dL	
1	T GLUCOSE	13	OCT 19	1659	132 H	(70-99)	mg/dL	
	T GLUCOSE	13	OCT 19	2223	108 H	(70-99)	mg/dL	
	T GLUCOSE	14	OCT 20	0405	103 H	(70-99)	mg/dL	
	T GLUCOSE	14	OCT 20	1200	93	(70-99)	mg/dL	
	T GLUCOSE	14	OCT 20	1706	109(m) H	(70-99)	mg/dL	
	T GLUCOSE	14	OCT 20	2241	120(n) H	(70-99)	mg/dL	
	T GLUCOSE	15	OCT 21	1138	112 H	(70-99)	mg/dL	
	T GLUCOSE	15	OCT 21	1627	159(o) H	(70-99)	mg/dL	
	T GLUCOSE	15	OCT 21	2238	145(p) H	(70-99)	mg/dL	
	T GLUCOSE	16	OCT 22	0508	154 H	(70-99)	mg/dL	
	T GLUCOSE	16	OCT 22	1057	125 H	(70-99)	mg/dL	
,	T GLUCOSE	16	OCT 22	1754	244 H	(70-99)	mg/dL	
	T GLUCOSE	16	OCT 22	2209	111(q) H	(70-99)	mg/dL	
	T GLUCOSE	17	OCT 23	0457	119(r) H	(70-99)	mg/dL	
	T GLUCOSE	17	OCT 23	1114	129 H	(70-99)	mg/dL	
=> POC	T GLUCOSE	17	OCT 23	1655	111 H	(70-99)	mg/dL	
NOTES:	(k) RN∕M	m	ified					
"0150.			ified					
			ified					
			ified					
			ified					
	, ,		ified					
			ified					
	(q) KH/H		:::					

NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247 ACCT: FA1307223089

PRINTED:12/07/16 0001 PAGE: 14 ** CONTINUED ON NEXT PAGE **

SANIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

DOS: 10/07/16 LOC:FI4PVA NAME: EFUNNUGA, OLUTOKUNBO

DOB:03/06/1979 ACCT: FA1307223089 AGE/SEX:37/M MR: F001250247

ATTEND DR: LITTMAN, MARIO, MD

Test	Day	Date	Time	Result	Reference	Units	
=> POCT GLUCOSE	17	OCT 23	2201	119 H	(70-99)	mg/dL	
=> POCT GLUCOSE	18	OCT 24	0434	83	(70-99)	mg/dL	
=> POCT GLUCOSE	18	OCT 24	1044	99	(70-99)	mg/dL	
=> POCT GLUCOSE	18	OCT 24	1744	85	(70-99)	mg/dL	
=> POCT GLUCOSE	18	OCT 24	2142	105 H	(70-99)	mg/dL	
=> POCT GLUCOSE	19	OCT 25	0609	133 H	(70-99)	mg/dL	
=> POCT GLUCOSE	19	OCT 25	1055	90	(70-99)	mg/dL	
=> POCT GLUCOSE	19	OCT 25	1603	107(s) H		mg/dL	
=> POCT GLUCOSE	19	OCT 25	2205	144(t) H	(70-99)	mg/dL	
=> POCT GLUCOSE	20	OCT 26	0501	122 H	(70-99)	mg/dL	
=> POCT GLUCOSE	20	OCT 26	1141	142(u) H	(70-99)	mg/dL	
=> POCT GLUCOSE	20	OCT 26	1625	115(v) H	(70-99)	mg/dL	
=> POCT GLUCOSE	20	OCT 26	2143	128 H	(70-99)	mg/dL	
=> POCT GLUCOSE	21	OCT 27	0514	127 H	(70-99)	mg/dL	
=> POCT GLUCOSE	21	OCT 27	1114	118 H	(70-99)	mg/dL	
=> POCT GLUCOSE	21	OCT 27	1619	87	(70-99)	mg/dL	
=> POCT GLUCOSE	21	OCT 27	2108	101 H	(70-99)	mg/dL	
=> POCT GLUCOSE	22	OCT 28	0555	117(w) H	(70-99)	mg/dL	
=> POCT GLUCOSE	22	OCT 28	0719	98	(70-99)	mg/dL	
=> POCT GLUCOSE	22	OCT 28	1109	107 H	(70-99)	mg/dL	
=> POCT GLUCOSE	22	OCT 28	1524	114 H	(70-99)	mg/dL	
=> POCT GLUCOSE	22	OCT 28	1713	105 H	(70-99)	mg/dL	
=> POCT GLUCOSE	22	OCT 28	2103	98	(70-99)	mg/dL	
=> POCT GLUCOSE	23	OCT 29	0721	96	(70-99)	mg/dL	
=> POCT GLUCOSE	23	OCT 29	1116		(70-99)	mg/dL	
=> POCT GLUCOSE	23	OCT 29	1623	97	(70-99)	mg/dL	
=> POCT GLUCOSE	23	OCT 29	2046	103 H	, , ,	mg/dL	
=> POCT GLUCOSE	24	OCT 30	0818	116(x) H	(70-99)	mg/dL	
=> POCT GLUCOSE	24	OCT 30	1133	119 H	(70-99)	mg/dL	
=> POCT GLUCOSE	24	OCT 30	1654	100 H	(70-99)	mg/dL	
=> POCT GLUCOSE	24	OCT 30	2119	130 H	(70-99)	mg/dL	!
=> POCT GLUCOSE	25	OCT 31	0816	101 H	(70-99)	mg/dL	
NOTES: (s) RN/	MD not	tified					
	MD not						
	Protoc						
1 ' '	MD not	tified					
	MD not						

(w) RN/MD notified

(x) RN/MD notified

NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247 ACCT: FA1307223089

PRINTED: 12/07/16 0001 PAGE: 15 ** CONTINUED ON NEXT PAGE **

DARBY, PA 19023 (610)237-4742 SANIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

DOS: 10/07/16 NAME: EFUNNUGA, OLUTOKUNBO LOC:FI4PVA

DOB: 03/06/1979 ACCT: FA1307223089 AGE/SEX:37/M MR: F001250247

ATTEND DR: LITTMAN, MARIO, MD

KEY H - Abn High *H - Critical High * - High or Low(Alpha results) # - Delta Check
L - Abn Low *L - Critical Low * - Microbiology Abn Result

	Test	Day	Date	Time	Result	Reference	Units
=>	POCT GLUCOSE	25	OCT 31	1140	89	(70-99)	mg/dL
=>	POCT GLUCOSE	25	OCT 31	1649	99	(70-99)	mg/dL
	POCT GLUCOSE	25	OCT 31	2104	109 H		mg/dL
=>	POCT GLUCOSE	26	NOV 1	0855	94	(70-99)	mg/dL
=>	POCT GLUCOSE	26	NOV 1	1126	120 H		mg/dL
=>	POCT GLUCOSE	26	NOV 1	1729	100 H	(70-99)	mg/dL
=>	GLUCOSE, URINE	1	OCT 7	0817	NEGATIVE	(NEGATIVE)	mg/dL
=>	BILIRUBIN, UR 1	P 1	OCT 7	0817	NEGATIVE	(NEGATIVE)	_
=>	KETONE, URINE I	P 1	OCT 7	0817	NEGATIVE	(NEGATIVE)	mg/dL
=>	SPEC GRAVITY, U	R 1	OCT 7	0817	1.015	(1.005-1.030)	
=>	BLOOD, URINE PO	0 1	OCT 7	0817	NEGATIVE	(NEGATIVE)	
	PH, URINE POC	1	OCT 7	0817	5.5	(5.0-9.0)	
=>	PROTEIN, URINE	1	OCT 7	0817	NEGATIVE	(NEGATIVE)	mg/dL
=>	UROBILINOGEN, U	R 1	OCT 7	0817	0.2	(0.1-2.0)	E.U./dL
	NITRITE, URINE	1	OCT 7	0817	NEGATIVE	(NEGATIVE)	
	LEUKOCYTE ES, UI		OCT 7	0817	NEGATIVE	(NEGATIVE)	
	GLUCOSE	1	OCT 7	0732	109(y) H	(70-99)	mg/dL
	GLUCOSE	2	OCT 8	0510	107(y) H	(70-99)	mg/dL
	GLUCOSE	3	OCT 9	0530	105(y) H	(70-99)	mg/dL
=>	GLUCOSE	4	OCT 10	0445	107(y) H	(70-99)	mg/dL
= >		5	OCT 11	1910	100(у) Н	(70-99)	mg/dL
	GLUCOSE	6	OCT 12	0540	105(y) H	(70-99)	mg/dL
	GLUCOSE	7	OCT 13	0600	112(y) H	(70-99)	mg/dL
	GLUCOSE	8	OCT 14	0555	107(y) H	(70-99)	mg/dL
	GLUCOSE	9	OCT 15	0534	95(y)	(70-99)	mg/dL
	GLUCOSE	10	OCT 16	0515	95(y)	(70-99)	mg/dL
	GLUCOSE	11	OCT 17	0550	88(y)	(70-99)	mg/dL
	GLUCOSE	12	OCT 18	0545	93(y)	(70-99)	mg/dL
	GLUCOSE	13	OCT 19	0545		(70-99)	mg/dL
	GLUCOSE	14	OCT 20	0415	96(y)	(70-99)	mg/dL
	GLUCOSE	15	OCT 21	0500		(70-99)	mg/dL
	GLUCOSE	16	OCT 22	0513	164(y) H	(70-99)	mg/dL
	GLUCOSE	17	OCT 23	0500	118(y) H	(70-99)	mg/dL
	GLUCOSE GLUCOSE	18 18	OCT 24 OCT 24	0450 1730	100(y) H	(70-99)	mg/dL
	GLUCOSE	19	OCT 25	0555	108(y) H 107(y) H	(70-99)	mg/dL
- /	GEOCOGE	17	OC1 23	0000	107(y) H	(70-99)	mg/dL
170	PPC: /ms Immed	:	Ein-	C1	100 125 /41	,	

NOTES: (y) Impaired Fasting Glucose: 100-125 mg/dL Fasting Glu Assoc w Diabetes:>125 mg/dL

> NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247 ACCT: FA1307223089

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SAMIA HENIEN, M.D.

MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO

DOS: 10/07/16

LOC:FI4PVA

AGE/SEX:37/M

DOB:03/06/1979

ACCT: FA1307223089

MR: F001250247

ATTEND DR: LITTMAN, MARIO, MD

KEY H - Abn High *H - Critical High * - High or Low(Alpha results) # - Delta Check
L - Abn Low *L - Critical Low * - Microbiology Abn Result

	Test	Day	Date	Time	Result	Reference	Units	
= >	GLUCOSE	19	OCT 25	0829	123(z) H	(70-99)	mg/dL	
1	GLUCOSE	20	OCT 26	0545	121(z) H	(70-99)	mg/dL	
=>		21	OCT 27	0605	123(z) H	(70-99)	mg/dL	
=>		22	OCT 28	0620	115(z) H	(70-99)	mg/dL	
=>	GLUCOSE	23	OCT 29	0626	103(z) H	(70-99)	mg/dL	
=>		24	OCT 30	0628	102(z) H	(70-99)	mg/dL	
= >		25	OCT 31	0400	112(z) H	(70-99)	mg/dL	
=>		26	NOV 1	0659	102(z) H	(70-99)	mg/dL	
=>	BLD UREA	NITROG 1	OCT 7	0732	14	(6-22)	mg/dL	
=>	BLD UREA	NITROG 2	OCT 8	0510	14	(6-22)	mg/dL	
=>	BLD UREA	NITROG 3	OCT 9	0530	13	(6-22)	mg/dL	
=>	BLD UREA	NITROG 4	OCT 10	0445	10	(6-22)	mg/dL	
=>	BLD UREA	NITROG 5	OCT 11	1910	12	(6-22)	mg/dL	
=>	BLD UREA	NITROG 6	OCT 12	0540	12	(6-22)	mg/dL	
=>	BLD UREA	NITROG 7	OCT 13	0600	11	(6-22)	mg/dL	
= >	BLD UREA	NITROG 8	OCT 14	05 5 5	11	(6-22)	mg/dL	
=>	BLD UREA	NITROG 9	OCT 15	0534	11	(6-22)	mg/dL	
= >	BLD UREA	NITROG 10	OCT 16	0515	14	(6-22)	mg/dL	
= >	BLD UREA	NITROG 11	OCT 17	0550	16	(6-22)	mg/dL	
= >	BLD UREA	NITROG 12	OCT 18	0545	18	(6-22)	mg/dL	
=>	BLD UREA	NITROG 13	OCT 19	0545	16	(6-22)	mg/dL	
=>	BLD UREA	NITROG 14	OCT 20	0415	12	(6-22)	mg/dL	
=>	BLD UREA	NITROG 15	OCT 21	0500	13	(6-22)	mg/dL	
=>	BLD UREA	NITROG 16	OCT 22	0513	13	(6-22)	mg/dL	
=>	BLD UREA	NITROG 17	OCT 23	0500	14	(6-22)	mg/dL	
= >	BLD UREA	NITROG 18	OCT 24	0450	15	(6-22)	mg/dL	
=>	BLD UREA	NITROG 18	OCT 24	1730	16	(6-22)	mg/dL	
= >		NITROG 19	OCT 25	0555	16	(6-22)	mg/dL	
=>		NITROG 19	OCT 25	0829	16	(6-22)	mg/dL	
= >		NITROG 20	OCT 26	0545	19	(6-22)	mg/dL	
=>		NITROG 21	OCT 27	0605	16	(6-22)	mg/dL	
=>		NITROG 22	OCT 28	0620	11	(6-22)	mg/dL	
=>		NITROG 23	OCT 29	0626	12	(6-22)	mg/dL	
=>		NITROG 24	OCT 30	0628	14	(6-22)	mg/dL	
=>		NITROG 25	OCT 31	0400	13	(6-22)	mg/dL	
= >	BLD UREA	NITROG 26	NOV 1	0659	9	(6-22)	mg/dL	

NOTES: (z) Impaired Fasting Glucose: 100-125 mg/dL Fasting Glu Assoc w Diabetes:>125 mg/dL

NAME: EFUNNUGA, OLUTOKUNBO

UNIT: F001250247 ACCT: FA1307223089

PRINTED:12/07/16 0001

PAGE: 17 ** CONTINUED ON NEXT PAGE **

SANIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

 NAME: EFUNNUGA, OLUTOKUNBO
 DOS:
 10/07/16

 AGE/SEX:37/M
 DOB:
 03/06/1979
 ACCT:
 FA1307223089
 LOC:FI4PVA

MR: F001250247

ATTEND DR: LITTMAN, MARIO, MD

KEY H - Abn High *H - Critical High * - High or Low(Alpha results) # - Delta Check
L - Abn Low *L - Critical Low * - Microbiology Abn Result

	Test	Day	Date	Time	Result	Reference	Units	
=>	CREATININE	1	OCT 7	0732	1.8 H	(0.8-1.4)	mg/dL	- 1
=>	CREATININE	2	OCT 8	0510	1.3	(0.8-1.4)	mg/dL	
= >	CREATININE	3	OCT 9	0530	1.4	(0.8-1.4)	mg/dL	
=>	CREATININE	4	OCT 10	0445	1.3	(0.8-1.4)	mg/dL	Ī
= >	CREATININE	5	OCT 11	1910	1.1	(0.8-1.4)	mg/dL	
= >	CREATININE	6	OCT 12	0540	1.2	(0.8-1.4)	mg/dL	
= >	CREATININE	7	OCT 13	0600	1.1	(0.8-1.4)	mg/dL	
=>	CREATININE	8	OCT 14	0555	1.1	(0.8-1.4)	mg/dL	
= >	CREATININE	9	OCT 15	0534	0.9	(0.8-1.4)	mg/dL	
= >	CREATININE	10	OCT 16	0515	0.9	(0.8-1.4)	mg/dL	
= >	CREATININE	11	OCT 17	0550	1.1	(0.8-1.4)	mg/dL	
=>	CREATININE	12	OCT 18	0545	1.2	(0.8-1.4)	mg/dL	
=>	CREATININE	13	OCT 19	0545	1.1	(0.8-1.4)	${ t mg/dL}$	
=>	CREATININE	14	OCT 20	0415	1.2	(0.8-1.4)	mg/dL	
=>	CREATININE	15	OCT 21	0500	1.1	(0.8-1.4)	mg/dL	
= >	CREATININE	16	OCT 22	0513	1.2	(0.8-1.4)	mg/dL	
=>	CREATININE	17	OCT 23	0500	1.0	(0.8-1.4)	mg/dL	
=>	CREATININE	18	OCT 24	0450	1.1	(0.8-1.4)	mg/dL	
= >	CREATININE	18	OCT 24	1730	1.1	(0.8-1.4)	mg/dL	
=>	CREATININE	19	OCT 25	0555		(0.8-1.4)	mg/dL	ı
= >	CREATININE	19	OCT 25	0829	1.2	(0.8-1.4)	mg/dL	
= >	CREATININE	20	OCT 26	0545	1.2	(0.8-1.4)	mg/dL	
= >	CREATININE	21	OCT 27	0605	1.0	(0.8-1.4)	mg/dL	
= >	CREATININE	22	OCT 28	0620	0.8	(0.8-1.4)	mg/dL	
=>	CREATININE	23	OCT 29	0626	0.9	(0.8-1.4)	mg/dL	
=>	CREATININE	24	OCT 30	0628	0.9	(0.8-1.4)	mg/dL	- [
=>	CREATININE	25	OCT 31	0400	0.9	(0.8-1.4)	mg/dL	
= >	CREATININE	26	NOV 1	0659	0.9	(0.8-1.4)	mg/dL	- [
= >	GFR NON AFR A		OCT 7	0732		(>60)	mL/min	
=>	GFR NON AFR A		OCT 8	0510	> 60	(>60)	mL/min	
= >	GFR NON AFR A		OCT 9	0530		(>60)	mL/min	
=>	GFR NON AFR		OCT 10	0445	> 60	(>60)	mL/min	
=>	GFR NON AFR A		OCT 11	1910	> 60	(>60)	mL/min	
=>	GFR NON AFR		OCT 12	0540	> 60	(>60)	mL/min	
=>	GFR NON AFR A		OCT 13	0600	> 60	(>60)	mL/min	
= >	GFR NON AFR A		OCT 14	0555	> 60	(>60)	mL/min	
=>	GFR NON AFR A		OCT 15	0534	> 60	(>60)	mL/min	
=>	GFR NON AFR A		OCT 16	0515		(>60)	mL/min	
=>	GFR NON AFR A		OCT 17	0550	> 60	(>60)	mL/min	
^	GFR NON AFR A	ame 12	OCT 18	0545	> 60	(>60)	mL/min	
								\neg

NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247

ACCT: FA1307223089

PRINTED:12/07/16 0001 PAGE: 18 ** CONTINUED ON NEXT PAGE **

(610)237-4742 DARBY, PA 19023 SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO DOS: 10/07/16 LOC:FI4PVA

ACCT: FA1307223089 DOB: 03/06/1979 MR: F001250247 AGE/SEX:37/M

ATTEND DR: LITTMAN, MARIO, MD

	Test	Day	Date	Time	Result	Reference	Units
=>	GFR NON AFR	AME 13	OCT 19	0545	> 60	(>60)	mL/min
= >	GFR NON AFR	AME 14	OCT 20	0415	> 60	(>60)	mL/min
=>	GFR NON AFR	AME 15	OCT 21	0500	> 60	(>60)	mL/min
=>	GFR NON AFR	AME 16	OCT 22	0513	> 60	(>60)	mL/min
=>	GFR NON AFR	AME 17	OCT 23	0500	> 60	(>60)	mL/min
=>	GFR NON AFR	AME 18	OCT 24	0450	> 60	(>60)	mL/min
=>	GFR NON AFR	AME 18	OCT 24	1730	> 60	(>60)	mL/min
=>	GFR NON AFR	AME 19	OCT 25	0555	> 60	(>60)	mL/min
=>	GFR NON AFR	AME 19	OCT 25	0829	> 60	(>60)	mL/min
= >	GFR NON AFR	AME 20	OCT 26	0545	> 60	(>60)	mL/min
=>	GFR NON AFR	AME 21	OCT 27	0605	> 60	(>60)	$\mathtt{mL/min}$
=>	GFR NON AFR	AME 22	OCT 28	0620	> 60	(>60)	mL/min
=>	GFR NON AFR	AME 23	OCT 29	0626	> 60	(>60)	mL/min
=>	GFR NON AFR	AME 24	OCT 30	0628	> 60	(>60)	mL/min
=>	GFR NON AFR	AME 25	OCT 31	0400	> 60	(>60)	mL/min
=>	GFR NON AFR	AME 26	NOV 1	0659	> 60	(>60)	mL/min
=>	GFR AFRICAN	AME 1	OCT 7	0732	52(aa) L	(>60)	$\mathtt{mL/min/1}$
=>	GFR AFRICAN	AME 2	OCT 8	0510	> 60(aa)	(>60)	$\mathtt{mL/min/1}$
=>	GFR AFRICAN	AME 3	OCT 9	0530	> 60(aa)	(>60)	$\mathtt{mL/min/1}$
=>	GFR AFRICAN	AME 4	OCT 10	0445	> 60(aa)	(>60)	$\mathtt{mL/min/1}$
=>	GFR AFRICAN	AME 5	OCT 11	1910	> 60(aa)	(>60)	mL/min/1
=>	GFR AFRICAN	AME 6	OCT 12	0540	> 60(aa)	(>60)	$\mathtt{mL/min/1}$
=>	GFR AFRICAN	AME 7	OCT 13	0600	> 60(aa)	(>60)	mL/min/1
=>	GFR AFRICAN	AME 8	OCT 14	0555	> 60(aa)	(>60)	mL/min/1
= >	GFR AFRICAN	AME 9	OCT 15	0534	> 60(aa)	(>60)	$\mathtt{mL/min/1}$
= >	GFR AFRICAN		OCT 16	0515	> 60(aa)	(>60)	mL/min/1
=>	GFR AFRICAN		OCT 17	0550	> 60(aa)	(>60)	$\mathtt{mL/min/1}$
= >	GFR AFRICAN		OCT 18	0545	> 60(aa)	(>60)	$\mathtt{mL/min/1}$
= >			OCT 19	0545	> 60(aa)	(>60)	mL/min/1
=>			OCT 20	0415	> 60(aa)	(>60)	mL/min/1
=>	GFR AFRICAN	AME 15	OCT 21	0500	> 60(aa)	(>60)	mL/min/1

NOTES: (aa) The calculation of eGFR is based on the IDMS traceable MDRD formula and is not valid in patients younger than 18 or older than 70. Exceptional dietary intake, muscle mass abnormalities, rapidly changing renal function, drug induced inhibition of creatinine secretion, and pregnancy invalidate results. The calculation has not been validated in a normal population.

> UNIT: F001250247 NAME: EFUNNUGA, OLUTOKUNBO ACCT: FA1307223089

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MERCY HEALTH SYSTEM LABORATORY MERCY FITZGERALD HOSPITAL 1500 LANSDOWNE AVENUE DARBY, PA 19023 (610)237-4742 SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO DOS: 10/07/16 LOC:FI4PVA

DOB: 03/06/1979 ACCT: FA1307223089 AGE/SEX:37/M MR: F001250247

ATTEND DR: LITTMAN, MARIO, MD

KEY H - Abn High *H - Critical High * - High or Low(Alpha results) # - Delta Check
L - Abn Low *L - Critical Low * - Microbiology Abn Result

Test	Day	Date	Time	Result	Reference	Units	
=> GFR AFRICAN	AME 16	OCT 22	0513	> 60(ab)	(>60)	mL/min/1	
=> GFR AFRICAN	AME 17	OCT 23	0500	> 60(ab)	(>60)	mL/min/1	
=> GFR AFRICAN	AME 18	OCT 24	0450	> 60(ab)	(>60)	mL/min/1	
=> GFR AFRICAN	AME 18	OCT 24	1730	> 60(ab)	(>60)	mL/min/1	
=> GFR AFRICAN	AME 19	OCT 25	0555	> 60(ab)	(>60)	mL/min/1	
=> GFR AFRICAN	AME 19	OCT 25	0829	> 60(ab)	(>60)	mL/min/1	
=> GFR AFRICAN	AME 20	OCT 26	0545	> 60(ab)	(>60)	mL/min/1	
=> GFR AFRICAN	AME 21	OCT 27	0605	> 60(ab)	(>60)	mL/min/1	
=> GFR AFRICAN		OCT 28	0620	> 60(ab)	(>60)	mL/min/1	
=> GFR AFRICAN	AME 23	OCT 29	0626	> 60(ab)	(>60)	mL/min/1	
=> GFR AFRICAN	AME 24	OCT 30	0628	> 60(ab)	(>60)	$\mathtt{mL/min/1}$	
=> GFR AFRICAN	AME 25	OCT 31	0400	> 60(ab)	(>60)	mL/min/1	
=> GFR AFRICAN	AME 26	NOV 1	0659	> 60(ab)	(>60)	$\mathtt{mL/min/1}$	
=> BUN/CREAT RA	ATIO 1	OCT 7	0732	8.0	(7-23)		
=> BUN/CREAT RA	ATIO 2	OCT 8	0510	11.0	(7-23)		
=> BUN/CREAT RA	ATIO 3	OCT 9	0530	9.0	(7-23)		
=> BUN/CREAT RA	ATIO 4	OCT 10	0445	8.0	(7-23)		
=> BUN/CREAT RA	ATIO 5	OCT 11	1910	11.0	(7-23)		
=> BUN/CREAT RA		OCT 12	0540	10.0	(7-23)		
=> BUN/CREAT RA	ATIO 7	OCT 13	0600	10.0	(7-23)		
=> BUN/CREAT RA	ATIO 8	OCT 14	0555	10.0	(7-23)		
=> BUN/CREAT RA	ATIO 9	OCT 15	0534	12.0	(7-23)		
=> BUN/CREAT RA	ATIO 10	OCT 16	0515	16.0	(7-23)		
=> BUN/CREAT RA	ATIO 11	OCT 17	0550	14.5	(7-23)		
=> BUN/CREAT RA		OCT 18	0545	15.0	(7-23)		
=> BUN/CREAT RA		OCT 19	0545	15.0	(7-23)		
=> BUN/CREAT RA		OCT 20	0415	10.0	(7-23)		
=> BUN/CREAT RA		OCT 21	0500	12.0	(7-23)		
=> BUN/CREAT RA		OCT 22	0513	11.0	(7-23)		
=> BUN/CREAT RA		OCT 23	0500	14.0	(7–23)		
=> BUN/CREAT RA	ATIO 18	OCT 24	0450	14.0	(7-23)		
NOTES: (ab) Th	ne calcu	lation o	f eGFR	is based on	the IDMS trace	able	

MDRD formula and is not valid in patients younger than 18 or older than 70. Exceptional dietary intake, muscle mass abnormalities, rapidly changing renal function, drug induced inhibition of creatinine secretion, and pregnancy invalidate results. The calculation has not been validated in a normal population.

> NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247 ACCT: FA1307223089

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SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO LOC:FI4PVA

UTOKUNBO DOS: 10/07/16 DOB:03/06/1979 ACCT: FA1307223089 AGE/SEX:37/M MR: F001250247

ATTEND DR: LITTMAN, MARIO, MD

1	Test D	ay	Date	Time	Result	Reference	Units	
= >	BUN/CREAT RATIO	18	OCT 24	1730	15.0	(7-23)		
	BUN/CREAT RATIO		OCT 25	0555	13.0	(7-23)		
= >	BUN/CREAT RATIO		OCT 25	0829	13.0	(7-23)		
=>	BUN/CREAT RATIO		OCT 26	0545	16.0	(7-23)		
=>	BUN/CREAT RATIO	21	OCT 27	0605	16.0	(7-23)		
=>	BUN/CREAT RATIO	22	OCT 28	0620	14.0	(7-23)		
=>	BUN/CREAT RATIO	23	OCT 29	0626	13.0	(7-23)		
=>	BUN/CREAT RATIO	24	OCT 30	0628	16.0	(7-23)		
=>	BUN/CREAT RATIO	25	OCT 31	0400	14.0	(7-23)		
= >		26	NOV 1	0659	10.0	(7-23)		
=>	SODIUM LEVEL	1	OCT 7	0732	136	(136-147)	mEq/L	
=>		2	OCT 8	0510	138	(136-147)	mEq/L	
=>	SODIUM LEVEL	3	OCT 9	0530	141	(136-147)	mEq/L	
=>		4	OCT 10	0445	140	(136-147)	m E q/L	
1	SODIUM LEVEL	5	OCT 11	1910	138	(136-147)	m E q/L	
=>	SODIUM LEVEL	6	OCT 12	0540	140	(136-147)	mEq/L	
= >	SODIUM LEVEL	7	OCT 13	0600	140	(136-147)	mEq/L	
= >	SODIUM LEVEL	8	OCT 14	0555	139	(136-147)	mEq/L	
=>	SODIUM LEVEL	9	OCT 15	0534	138	(136-147)	mEq/L	
=>		10	OCT 16	0515	138	(136-147)	mEq/L	
= >		11	OCT 17	0550	140	(136-147)	mEq/L	
		12	OCT 18	0545	136	(136-147)	mEq/L	
=>		13	OCT 19	0545	133 L	_ (,	mEq/L	
=>		14	OCT 20 OCT 21	0415	134 L 135 L	(136-147)	mEq/L	
=>		15 16	OCT 21	0500 0513	135 L 133 L	(136-147)	mEq/L	
=>		17	OCT 23	0513	135 L	(136-147) (136-147)	mEq∕L mEq∕L	
=>		18	OCT 24	0450	133 L		meq/L meq/L	
=>		18	OCT 24	1730	130 I	(136-147) (136-147)	mEq/L mEq/L	
=>		19	OCT 25	0555	132 I	(136-147)	mEq/L	
=>		19	OCT 25	0829	133 L	(136-147)	mEq/L	
=>		20	OCT 26	0545	134 I	(136-147)	mEq/L	
=>		21	OCT 27	0605	133 I	(136-147)	mEq/L	
=>		22	OCT 28	0620	131 I	(136-147)	mEq/L	
=>		23	OCT 29	0626	129 L	(136-147)	mEq/L	
=>		24	OCT 30	0628	130 L	(136-147)	mEq/L	
=>		25	OCT 31	0400	127 I	(136-147)	mEq/L	
= >		26	NOV 1	0659	131 I	(136-147)	mEq/L	
= >	POTASSIUM LEVEL	1	OCT 7	0732	3.8	(3.6-5.2)	mEq/L	
=>	POTASSIUM LEVEL	2	OCT 8	0510	4.1	(3.6-5.2)	mEq/L	
							-	

NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247 ACCT: FA1307223089

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SANIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO

DOB: 03/06/1979 ACCT: FA1307223089

DOS: 10/07/16

LOC:FI4PVA

AGE/SEX:37/M

ATTEND DR: LITTMAN, MARIO, MD

MR: F001250247

KEY H - Abn High *H - Critical High * - High or Low(Alpha results) # - Delta Check
L - Abn Low *L - Critical Low * - Microbiology Abn Result

	Test Da	эу	Date	Time	Result	Reference	Units	
= >	POTASSIUM LEVEL	3	OCT 9	0530	3.9	(3.6-5.2)	mEq/L	
	POTASSIUM LEVEL	4	OCT 10	0445		(3.6-5.2)	mEq/L	
=>	POTASSIUM LEVEL	5	OCT 11	1910		(3.6-5.2)	mEq/L	
=>	POTASSIUM LEVEL	6	OCT 12	0540	4.2	(3.6-5.2)	mEq/L	
=>	POTASSIUM LEVEL	7	OCT 13	0600	3.8	(3.6-5.2)	mEq/L	
=>	POTASSIUM LEVEL	8	OCT 14	0555	4.1	(3.6-5.2)	mEq/L	
=>	POTASSIUM LEVEL	9	OCT 15	0534	4.4	(3.6-5.2)	mEq/L	
=>	POTASSIUM LEVEL 1	10	OCT 16	0515	4.0	(3.6-5.2)	mEq/L	
			OCT 17	0550		(3.6-5.2)	mEq/L	
	POTASSIUM LEVEL 1		OCT 18	0545		(3.6-5.2)	mEq/L	
	POTASSIUM LEVEL 1		OCT 19	0545		(3.6-5.2)	mEq/L	
	POTASSIUM LEVEL 1		OCT 20	0415		(3.6-5.2)	mEq/L	
	POTASSIUM LEVEL 1		OCT 21	0500		(3.6-5.2)	mEq/L	
	POTASSIUM LEVEL 1		OCT 22	0513	4.8	(3.6-5.2)	mEq/L	
	POTASSIUM LEVEL 1		OCT 23	0500	4.5	(3.6-5.2)	mEq/L	
	POTASSIUM LEVEL 1		OCT 24	0450	5.1	(3.6-5.2)	mEq/L	
	POTASSIUM LEVEL 1		OCT 24	1730		(3.6-5.2)	mEq/L	
1	POTASSIUM LEVEL 1		OCT 25	0555		(3.6-5.2)	mEq/L	
	POTASSIUM LEVEL 1		OCT 25	0829		(3.6-5.2)	mEq∕L	
	POTASSIUM LEVEL 2		OCT 26	0545	4.6 #	(3.6-5.2)	mEq∕L	
	POTASSIUM LEVEL 2		OCT 27	0605		(3.6-5.2)	mEq/L	
	POTASSIUM LEVEL 2		OCT 28	0620		(3.6-5.2)	mEq/L	
	POTASSIUM LEVEL 2		OCT 29	0626		(3.6-5.2)	mEq∕L	
	POTASSIUM LEVEL 2		OCT 30	0628		(3.6-5.2)	mEq/L	
		25	OCT 31	0400		(3.6-5.2)	mEq/L	
	POTASSIUM LEVEL 2		NOV 1	0659		(3.6-5.2)	mEq/L	
	CHLORIDE LEVEL	1	OCT 7	0732		(98-108)	mmol/L	
	CHLORIDE LEVEL	2	OCT 8	0510	102	(98-108)	mmol/L	
1	CHLORIDE LEVEL	3	OCT 9	0530	103	(98-108)	mmol/L	
= >	CHLORIDE LEVEL CHLORIDE LEVEL	4 5	OCT 10 OCT 11	0445	106	(98-108)	mmol/L mmol/L	
	CHLORIDE LEVEL	6	OCT 11	1910 0540	103 104	(98-108) (98-108)	mmo1/L mmo1/L	
= >	CHLORIDE LEVEL	7	OCT 12	0600	104	(98-108) (98-108)	mmol/L	
	CHLORIDE LEVEL	8	OCT 13	0555		(98-108)	mmol/L	
	CHLORIDE LEVEL	9	OCT 15	0534	100	(98-108)	mmol/L	
		10	OCT 16	0515	98	(98-108)	mmol/L	
=>		11	OCT 17	0550	102	(98-108)	mmol/L	
		12	OCT 18	0545		(98-108)	mmol/L	
=>		13	OCT 19	0545	98	(98-108)	mmol/L	
i '		14	OCT 20	0415	99	(98-108)	mmol/L	
'	CHLONIDE LEVEL	_ 7	JC1 20	3413		(75 100)	mmor, n	

NAME: EFUNNUGA, OLUTOKUNBO

UNIT: F001250247 ACCT: FA1307223089

PRINTED:12/07/16 0001

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MERCY HEALTH SYSTEM LABORATORY MERCY FITZGERALD HOSPITAL 1500 LANSDOWNE AVENUE DARBY, PA 19023 (610)237-4742 SANIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

OLUTOKUNBO DOS: 10/07/16 DOB:03/06/1979 ACCT: FA1307223089 NAME: EFUNNUGA, OLUTOKUNBO LOC:FI4PVA

AGE/SEX:37/M MR: F001250247

ATTEND DR: LITTMAN, MARIO, MD

	Test	Day	Date	Time	Result	Reference	Units	
=>	CHLORIDE LEVEL	15	OCT 21	0500	100	(98-108)	mmol/L	
	CHLORIDE LEVEL	16	OCT 22	0513		(98-108)	mmol/L	
=>	CHLORIDE LEVEL	17	OCT 23	0500	99	(98-108)	mmol/L	
=>	CHLORIDE LEVEL	18	OCT 24	0450	98	(98-108)	mmol/L	
=>	CHLORIDE LEVEL	18	OCT 24	1730	95 L	(98-108)	mmol/L	
=>	CHLORIDE LEVEL	19	OCT 25	0555	94 L	(98-108)	mmol/L	
=>	CHLORIDE LEVEL	19	OCT 25	0829	96 L	(98-108)	mmol/L	
=>	CHLORIDE LEVEL	20	OCT 26	0545	94 L	(98-108)	mmol/L	
=>	CHLORIDE LEVEL	21	OCT 27	0605	94 L	(98-108)	$\mathtt{mmol} \diagup \mathtt{L}$	
=>	CHLORIDE LEVEL	22	OCT 28	0620	94 L	(98-108)	$\mathtt{mmol} \diagup \mathtt{L}$	
	CHLORIDE LEVEL	23	OCT 29	0626	95 I	(98-108)	${ t mmol/L}$	
=>	CHLORIDE LEVEL	24	OCT 30	0628	94 I	(98-108)	mmol/L	
	CHLORIDE LEVEL	25	OCT 31	0400	93 L	(98-108)	mmol/L	
=>	CHLORIDE LEVEL	26	NOV 1	0659	96 L	(98-108)	mmol/L	
=>	CO2 LEVEL	1	OCT 7	0732	24	(23-32)	mmol/L	
=>	CO2 LEVEL	2	OCT 8	0510	27	(23-32)	mmol/L	
	CO2 LEVEL	3	OCT 9	0530	27	(23-32)	mmol/L	
	CO2 LEVEL	4	OCT 10	0445	26	(23-32)	mmol/L	
=>	CO2 LEVEL	5	OCT 11	1910	26	(23-32)	$\mathtt{mmol} \diagup \mathtt{L}$	
=>	CO2 LEVEL	6	OCT 12	0540	26	(23-32)	$\mathtt{mmol} \diagup \mathtt{L}$	
= >	CO2 LEVEL	7	OCT 13	0600	28	(23-32)	${ t mmol/L}$	
=>	CO2 LEVEL	8	OCT 14	0555	28	(23-32)	mmol/L	
=>	CO2 LEVEL	9	OCT 15	0534	26	(23-32)	mmol/L	
	CO2 LEVEL	10	OCT 16	0515	26	(23-32)	mmol/L	
	CO2 LEVEL	11	OCT 17	0550	28	(23-32)	mmol/L	
	CO2 LEVEL	12	OCT 18	0545	25	(23-32)	mmol/L	
	CO2 LEVEL	13	OCT 19	0545	25	(23-32)	mmol/L	
	CO2 LEVEL	14	OCT 20	0415	25	(23-32)	mmol/L	
	CO2 LEVEL	15	OCT 21	0500	23	(23-32)	mmol/L	
•	CO2 LEVEL	16	OCT 22	0513	25	(23-32)	mmol/L	
	CO2 LEVEL	17	OCT 23	0500	26	(23-32)	mmol/L	
	CO2 LEVEL	18	OCT 24	0450	27	(23-32)	mmol/L	
	CO2 LEVEL	18	OCT 24	1730	23	(23-32)	mmol/L	
	CO2 LEVEL	19	OCT 25	0555	27	(23-32)	mmol/L	
	CO2 LEVEL	19	OCT 25	0829	28	(23-32)	mmol/L	
	CO2 LEVEL	20	OCT 26	0545	29	(23-32)	mmol/L	
	CO2 LEVEL	21	OCT 27	0605	30	(23-32)	mmol/L	
	CO2 LEVEL	22	OCT 28	0620	24 #	(23-32)	mmol/L	
	CO2 LEVEL	23	OCT 29	0626	25	(23-32)	mmol/L	
=>	CO2 LEVEL	24	OCT 30	0628	25	(23-32)	mmol/L	

NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247 ACCT: FA1307223089

PAGE: 23 ** CONTINUED ON NEXT PAGE ** PRINTED: 12/07/16 0001

SANIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNDO

DOS: 10/07/16

LOC:FI4PVA

AGE/SEX:37/M

ATTEND DR: LITTMAN, MARIO, MD

DOB: 03/06/1979 ACCT: FA1307223089

MR: F001250247

Test	Day	Date	Time	Result	Reference	Units	
=> CO2 LEVEL	25	OCT 31	0400	26	(23-32)	mmol/L	
=> CO2 LEVEL	26	NOV 1	0659	25	(23-32)	mmol/L	
=> ANION GAP	1	OCT 7	0732	14.0	(6.0-16)		
=> ANION GAP	2	OCT 8	0510	9.0	(6.0-16)		
=> ANION GAP	3	OCT 9	0530	11.0	(6.0-16)		
=> ANION GAP	4	OCT 10	0445	8.0	(6.0-16)		:
=> ANION GAP	5	OCT 11	1910	9.0	(6.0-16)		
=> ANION GAP	6	OCT 12	0540	10.0	(6.0-16)		
=> ANION GAP	7	OCT 13	0600	8.0	(6.0-16)		
=> ANION GAP	8	OCT 14	0555	10.0	(6.0-16)		
=> ANION GAP	9	OCT 15	0534	12.0	(6.0-16)		
=> ANION GAP	10	OCT 16	0515	14.0	(6.0-16)		
=> ANION GAP	11	OCT 17	0550	10.0	(6.0-16)		
=> ANION GAP	12	OCT 18	0545	10.0	(6.0-16)		
=> ANION GAP	13	OCT 19	0545	10.0	(6.0-16)		
=> ANION GAP	14	OCT 20	0415	10.0	(6.0-16)		
=> ANION GAP	15	OCT 21	0500	12.0	(6.0-16)		
=> ANION GAP	16	OCT 22	0513	11.0	(6.0-16)		
=> ANION GAP	17	OCT 23	0500	10.0	(6.0-16)		
=> ANION GAP	18	OCT 24	0450	8.0	(6.0-16)		
=> ANION GAP	18	OCT 24	1730	12.0	(6.0-16)		
=> ANION GAP	19	OCT 25	0555	11.0	(6.0-16)		
=> ANION GAP	19	OCT 25	0829	9.0	(6.0-16)		
=> ANION GAP	20	OCT 26	0545	11.0	(6.0-16)		
=> ANION GAP	21	OCT 27	0605	9.0	(6.0-16)		
=> ANION GAP	22	OCT 28	0620	13.0	(6.0-16)		
=> ANION GAP	23	OCT 29	0626	9.0	(6.0-16)		
=> ANION GAP	24	OCT 30	0628	11.0	(6.0-16)		
=> ANION GAP	25	OCT 31	0400	8.0	(6.0-16)		
=> ANION GAP	26	NOV 1	0659	10.0	(6.0~16)	1T	
=> CALCIUM LEVEL	1	OCT 7	0732	9.0	(8.8–10.5)	mg/dL	
=> CALCIUM LEVEL	2	OCT 8	0510	8.3 L		mg/dL	
=> CALCIUM LEVEL	3	OCT 9	0530	8.4 I	(8.8–10.5)	mg/dL	
=> CALCIUM LEVEL	4	OCT 10	0445	7.9 L 8 O L	(8.8–10.5)	mg/dL	
=> CALCIUM LEVEL	5	OCT 11	1910	8.0 L 8.0 L		mg/dL	
=> CALCIUM LEVEL	6	OCT 12	0540		(8.8-10.5)	mg/dL mg/dI	
=> CALCIUM LEVEL	7	OCT 14	0600		(8.8–10.5)	mg/dL mg/dI	
=> CALCIUM LEVEL	8	OCT 14 OCT 15	0555 0534	8,4 L 8,3 L	(8.8-10.5) (8.8-10.5)	mg/dL mg/dI	
=> CALCIUM LEVEL	9 10	OCT 16	0534	8.4 I	(8.8–10.5)	mg/dL mg/dL	
=> CALCIUM LEVEL	10	001 16	0212	O. 4	[(0.0-IO.5)	ma, ar	

NAME: EFUNNUGA, OLUTOKUNBO

UNIT: F001250247 ACCT: FA1307223089

PRINTED: 12/07/16 0001

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MERCY HEALTH SYSTEM LABORATORY MERCY FITZGERALD HOSPITAL 1500 LANSDOWNE AVENUE DARBY, PA 19023 (610)237-4742 SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

 NAME: EFUNNUGA, OLUTOKUNBO
 DOS: 10/07/16
 LOC:FI4PVA

 AGE/SEX: 37/M
 DOB: 03/06/1979
 ACCT: FA1307223089
 MR: F001250247

ATTEND DR: LITTMAN, MARIO, MD

KEY H - Abn High *H - Critical High * - High or Low(Alpha results) # - Delta Check

L -	${\tt Abn}$	Low	*L	_	Critica
-----	-------------	-----	----	---	---------

*L - Critical Low	 * - Microbiology Abn Result
-------------------	---

	Test	Day	Date	Time	Result	Reference	Units	
= >	CALCIUM LEVEL	11	OCT 17	0550	8.1 L	(8.8-10.5)	mg/dL	
=>	CALCIUM LEVEL	12	OCT 18	0545	8.3 I	(8.8-10.5)	mg/dL	
=>	CALCIUM LEVEL	13	OCT 19	0545	8.3 L	(8.8-10.5)	mg/dL	
= >	CALCIUM LEVEL	14	OCT 20	0415	8.2 I	(8.8-10.5)	mg/dL	
= >	CALCIUM LEVEL	15	OCT 21	0500	7.9 I	(8.8-10.5)	mg/dL	
= >	CALCIUM LEVEL	16	OCT 22	0513	8.4 I	(8.8-10.5)	mg/dL	
= >	CALCIUM LEVEL	17	OCT 23	0500	8.1 I	(8.8-10.5)	mg/dL	
= >	CALCIUM LEVEL	18	OCT 24	0450	8.7 I	(8.8-10.5)	mg/dL	
= >	CALCIUM LEVEL	18	OCT 24	1730	8.4 I	(8.8-10.5)	mg/dL	
=>	CALCIUM LEVEL	19	OCT 25	0555	8.6 I	(8.8-10.5)	mg/dL	
=>	CALCIUM LEVEL	19	OCT 25	0829	8.7 I	(8.8-10.5)	mg/dL	
= >	CALCIUM LEVEL	20	OCT 26	0545	8.7 I	(8.8-10.5)	mg/dL	
= >	CALCIUM LEVEL	21	OCT 27	0605	8.3 L	(8.8-10.5)	mg/dL	
= >	CALCIUM LEVEL	22	OCT 28	0620	8.1 I	(8.8-10.5)	mg/dL	
= >	CALCIUM LEVEL	23	OCT 29	0626	8.4 I	(8.8-10.5)	mg/dL	
=>	CALCIUM LEVEL	24	OCT 30	0628	8.6 I	(8.8-10.5)	mg/dL	
= >	CALCIUM LEVEL	25	OCT 31	0400	8.5 I	(8.8-10.5)	mg/dL	
= >	CALCIUM LEVEL	26	NOV 1	0659	8.3 I	(8.8-10.5)	mg/dL	
= >	PHOSPHOROUS LEV	V 2	OCT 8	0510	4.1	(2.5-4.5)	mg/dL	
=>	PHOSPHOROUS LEV	V 3	OCT 9	0530	3.7	(2.5-4.5)	mg/dL	
=>	PHOSPHOROUS LEV	V 4	OCT 10	0445	1.8 # L	(2.5-4.5)	mg/dL	
= >	PHOSPHOROUS LEV	V 5	OCT 11	1910	3.1 #	(2.5-4.5)	mg/dL	
=>	PHOSPHOROUS LEV	V 6	OCT 12	0540	2.8	(2.5-4.5)	mg/dL	
=>	PHOSPHOROUS LEV	7	OCT 13	0600	3.6	(2.5-4.5)	mg/dL	
= >	PHOSPHOROUS LEV	V 8	OCT 14	0555	3.6	(2.5-4.5)	mg/dL	
= >	PHOSPHOROUS LEV		OCT 15	0534	2.9	(2.5-4.5)	mg/dL	
= >	PHOSPHOROUS LEV	V 10	OCT 16	0515	3.6	(2.5-4.5)	mg/dL	
= >	PHOSPHOROUS LEV	V 11	OCT 17	0550	3.9	(2.5-4.5)	mg/dL	
=>	PHOSPHOROUS LEV		OCT 18	0545	3.8	(2.5-4.5)	mg/dL	
=>	PHOSPHOROUS LEV	V 13	OCT 19	0545	4.5	(2.5-4.5)	mg/dL	
= >	PHOSPHOROUS LEV		OCT 20	0415	4.3	(2.5-4.5)	mg/dL	
=>	PHOSPHOROUS LEV		OCT 21	0500	3.5	(2.5-4.5)	mg/dL	
=>	PHOSPHOROUS LEV		OCT 22	0513	3.2	(2.5-4.5)	mg/dL	
= >	PHOSPHOROUS LEV		OCT 23	0500	3.3	(2.5-4.5)	mg/dL	
=>	PHOSPHOROUS LEV		OCT 24	0450	4.7 # H		mg/dL	
=>			OCT 25	0555	5.1 Н	(2.5-4.5)	mg/dL	
=>	PHOSPHOROUS LEV		OCT 25	0829	5.7 H	(2.5-4.5)	mg/dL	
=>	PHOSPHOROUS LEV		OCT 26	0545	3.5 #	(2.5-4.5)	mg/dL	
=>	PHOSPHOROUS LEV		OCT 27	0605	3.3	(2.5-4.5)	mg/dL	
= >	PHOSPHOROUS LEV	V 22	OCT 28	0620	3.1	(2.5-4.5)	mg/dL	

NAME: EFUNNUGA, OLUTOKUNBO

UNIT: F001250247

PRINTED: 12/07/16 0001

ACCT: FA1307223089

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SANIA HENIEN, H.D.

MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO

DOS: 10/07/16

LOC:FI4PVA

ATTEND DR: LITTMAN, MARIO, MD

AGE/SEX:37/M DOB:03/06/1979 ACCT: FA1307223089

MR: F001250247

KEY H - Abn High *H - Critical High * - High or Low(Alpha results) # - Delta Check
L - Abn Low *L - Critical Low * - Microbiology Abn Result

Test Dav Date Time Result Reference Units OCT 29 0626 3.7 => PHOSPHOROUS LEV 23 (2.5-4.5)mg/dL => PHOSPHOROUS LEV 24 OCT 30 0628 => PHOSPHOROUS LEV 25 OCT 31 0400 (2.5-4.5) => PHOSPHOROUS LEV 24 OCT 30 0628 3.9 (2.5-4.5)
=> PHOSPHOROUS LEV 25 OCT 31 0400 3.6 (2.5-4.5)
=> PHOSPHOROUS LEV 26 NOV 1 0659 3.6 (2.5-4.5)
=> MAGNESIUM LEVEL 1 OCT 7 0732 2.4 (1.8-2.4)
=> MAGNESIUM LEVEL 2 OCT 8 0510 1.9 (1.8-2.4)
=> MAGNESIUM LEVEL 3 OCT 9 0530 1.9 (1.8-2.4)
=> MAGNESIUM LEVEL 5 OCT 11 1910 2.2 (1.8-2.4)
=> MAGNESIUM LEVEL 6 OCT 12 0540 2.2 (1.8-2.4)
=> MAGNESIUM LEVEL 7 OCT 13 0600 2.5 H (1.8-2.4)
=> MAGNESIUM LEVEL 8 OCT 14 0555 2.1 (1.8-2.4)
=> MAGNESIUM LEVEL 9 OCT 15 0534 1.8 (1.8-2.4)
=> MAGNESIUM LEVEL 10 OCT 16 0515 2.1 (1.8-2.4)
=> MAGNESIUM LEVEL 11 OCT 17 0550 2.4 (1.8-2.4)
=> MAGNESIUM LEVEL 12 OCT 18 0545 2.3 (1.8-2.4)
=> MAGNESIUM LEVEL 14 OCT 20 0415 2.2 (1.8-2.4)
=> MAGNESIUM LEVEL 15 OCT 21 0550 2.4 (1.8-2.4)
=> MAGNESIUM LEVEL 14 OCT 20 0415 2.2 (1.8-2.4)
=> MAGNESIUM LEVEL 15 OCT 21 0550 2.3 (1.8-2.4)
=> MAGNESIUM LEVEL 16 OCT 22 0513 2.2 (1.8-2.4)
=> MAGNESIUM LEVEL 17 OCT 23 0500 2.3 (1.8-2.4)
=> MAGNESIUM LEVEL 18 OCT 24 0450 2.3 (1.8-2.4)
=> MAGNESIUM LEVEL 19 OCT 25 0555 2.0 (1.8-2.4)
=> MAGNESIUM LEVEL 19 OCT 25 0555 2.0 (1.8-2.4)
=> MAGNESIUM LEVEL 19 OCT 25 0555 2.0 (1.8-2.4)
=> MAGNESIUM LEVEL 19 OCT 25 0555 2.0 (1.8-2.4)
=> MAGNESIUM LEVEL 19 OCT 25 0555 2.0 (1.8-2.4)
=> MAGNESIUM LEVEL 20 OCT 26 0545 2.2 (1.8-2.4)
=> MAGNESIUM LEVEL 21 OCT 27 0605 2.0 (1.8-2.4)
=> MAGNESIUM LEVEL 22 OCT 28 0620 2.1 (1.8-2.4)
=> MAGNESIUM LEVEL 23 OCT 27 0605 2.0 (1.8-2.4)
=> MAGNESIUM LEVEL 23 OCT 27 0605 2.0 (1.8-2.4)
=> MAGNESIUM LEVEL 24 OCT 30 0628 2.0 (1.8-2.4)
=> MAGNESIUM LEVEL 25 OCT 31 0400 2.0 (1.8-2.4)
=> MAGNESIUM LEVEL 26 OCT 31 0400 2.0 (1.8-2.4)
=> MAGNESIUM LEVEL 26 OCT 31 0400 2.0 (1.8-2.4)
=> MAGNESIUM LEVEL 26 OCT 31 0400 2.0 (1.8-2.4)
=> MAGNESIUM LEVEL 26 OCT 31 0400 2.0 (1.8-2.4)
=> MAGNESIUM LEVEL 26 OCT 31 0400 2.0 (1.8-2.4)
=> MAGNESIUM LEVEL 26 OCT 31 0400 2.0 (1.8-2.4)
=> MAGNESIUM LEVEL 26 OCT 31 0400 2.0 (1.8-2.4)
=> MAGNESIUM LEVEL 26 OCT 31 0400 2.0 (1.8-2.4)
=> TOTAL PROTEIN 1 0CT 7 0732 8 4 4 6 c) H (6.3-8.2) 3.9 mg/dL 3.6 3.3 2.4 (2.5-4.5) mg/dL mq/dL mq/dL mq/dL mq/dL mg/dL mg/dL mq/dL mq/dL mg/dL mg/dL 1.7 L (1.8-2.4)
2.4 (1.8-2.4)
2.3 (1.8-2.4)
2.2 (1.8-2.4)
2.2 (1.8-2.4)
2.3 (1.8-2.4)
2.3 (1.8-2.4)
2.1 (1.8-2.4)
2.1 (1.8-2.4)
2.0 (1.8-2.4)
2.2 (1.8-2.4)
2.1 (1.8-2.4)
2.1 (1.8-2.4)
2.1 (1.8-2.4)
2.2 (1.8-2.4)
2.2 (1.8-2.4)
2.2 (1.8-2.4)
2.2 (1.8-2.4)
2.3 (1.8-2.4)
2.1 (1.8-2.4)
2.2 (1.8-2.4)
2.0 (1.8-2.4)
2.0 (1.8-2.4)
2.0 (1.8-2.4)
2.0 (1.8-2.4) mq/dL mq/dL mg/dL mg/dL mg/dL mq/dL mq/dL mg/dL mg/dL mg/dL mq/dL mq/dL mg/dL mq/dL mg/dL mg/dL mg/dL mg/dL => TOTAL PROTEIN 1 OCT 7 0732 => TOTAL PROTEIN 4 OCT 10 0445 => TOTAL PROTEIN 12 OCT 18 0545 => TOTAL PROTEIN 13 OCT 19 0545 8.4(ac) H (6.3-8.2) gm/dL 6.1(ac) # L (6.3-8.2) am/qI 7.1(ac) (6.3 - 8.2)gm/dL 7.1(ac) (6.3-8.2) gm/dL

(ac) Reference range is based on ambulatory population. A decrease of approximately 0.5 gram is observed in hospitalized patients.

NAME: EFUNNUGA, OLUTOKUNBO

UNIT: F001250247

PRINTED:12/07/16 0001

ACCT: FA1307223089

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MERCY HEALTH SYSTEM LABORATORY MERCY FITZGERALD HOSPITAL 1500 LANSDOWNE AVENUE DARBY, PA 19023 (610)237-4742 SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO

DOS: 10/07/16 LOC:FI4PVA DOB:03/06/1979 ACCT: FA1307223089 MR: F001250

AGE/SEX:37/M

MR: F001250247

ATTEND DR: LITTMAN, MARIO, MD

KEY	Н	_	${\tt Abn}$	High	*H - Critical 1	High
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* - High or Low(Alpha results) # - Delta Check

L - Abn Low *L - Critical Low Microbiology Abn Result

Test	Day	Date	Time	Result	Reference	Units	
=> TOTAL PROTEIN	14	OCT 20	0415	7.3(ad)	(6.3-8.2)	gm/dL	
=> TOTAL PROTEIN	15	OCT 21	0500	7.6(ad)	(6.3-8.2)	gm/dL	
=> TOTAL PROTEIN	16	OCT 22	0513	8.1(ad)	(6.3 - 8.2)	gm/dL	
=> TOTAL PROTEIN	19	OCT 25	0555	7.6(ad)	(6.3-8.2)	gm/dL	
=> TOTAL PROTEIN	20	OCT 26	0545	7.6(ad)	(6.3-8.2)	gm/dL	
=> TOTAL PROTEIN	21	OCT 27	0605	7.4(ad)	(6.3-8.2)	gm/dL	
=> ALBUMIN	1	OCT 7	0732	4.0 L	(4.1-5.4)	gm/dL	
=> ALBUMIN	4	OCT 10	0445	2.5 #	(4.1-5.4)	gm/dL	
=> ALBUMIN	12	OCT 18	0545	2.4 L	(4.1-5.4)	gm/dL	
=> ALBUMIN	13	OCT 19	0545	2.4 I	(4.1-5.4)	gm/dL	
=> ALBUMIN	14	OCT 20	0415	2.4 I	(4.1-5.4)	gm/dL	
=> ALBUMIN	15	OCT 21	0500	2.5 I	(4.1-5.4)	gm/dL	
=> ALBUMIN	16	OCT 22	0513	2.6 L	(4.1-5.4)	gm/dL	
=> ALBUMIN	19	OCT 25	0555	2.3 L	(4.1-5.4)	gm/dL	
=> ALBUMIN	20	OCT 26	0545	2.3 L		gm/dL	
=> ALBUMIN	21	OCT 27	0605	2.2 L	(4.1-5.4)	gm/dL	
=> GLOBULIN	1	OCT 7	0732	4.4 H	(2.3-3.5)	g/dL	
=> GLOBULIN	4	OCT 10	0445	3.6 H	(2.3-3.5)	g/dL	
=> GLOBULIN	12	OCT 18	0545	4.7 H	(2.3-3.5)	g/dL	
=> GLOBULIN	13	OCT 19	0545	4.7 H	(2.3-3.5)	g/dL	
=> GLOBULIN	14	OCT 20	0415	4.9 H	(2.3-3.5)	g/dL	
=> GLOBULIN	15	OCT 21	0500	5.1 H	(2.3-3.5)	g/dL	
=> GLOBULIN	16	OCT 22	0513	5 5 H	(2.3-3.5)	g/dL	
=> GLOBULIN	19	OCT 25	0555	5.3 H	(2.3-3.5)	g/dL	
=> GLOBULIN	20	OCT 26	0545	5.3 H	(2.3-3.5)	g/dL	
=> GLOBULIN	21	OCT 27	0605	5,2 H	(2.3-3.5)	g/dL	
=> ALB/GLOB RATIO) 1	OCT 7	0732	1.0	(0.74-3.85)		
=> ALB/GLOB RATIO	4	OCT 10	0445	1.0	(0.74-3.85)		
=> ALB/GLOB RATIO	12	OCT 18	0545	1.0	(0.74-3.85)		
=> ALB/GLOB RATIO		OCT 19	0545	1.0	(0.74-3.85)		
=> ALB/GLOB RATIO		OCT 20	0415		(0.74-3.85)		
=> ALB/GLOB RATIO		OCT 21	0500	0.0 L			
=> ALB/GLOB RATIO		OCT 22	0513	0.0 L			
=> ALB/GLOB RATIO		OCT 25	0555	0.0 L			
=> ALB/GLOB RATIO	20	OCT 26	0545	0.0 L	(0.74-3.85)		
NOTES: (ad) Refe	erence	e range i	s base	d on ambulator	y population.		

A decrease of approximately 0.5 gram is observed

in hospitalized patients.

NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247 ACCT: FA1307223089

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SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO DOS: 10/07/16 LOC:FI4PVA

AGE/SEX:37/M DOB:03/06/1979 ACCT: FA1307223089 MR: F001250247

ATTEND DR: LITTMAN, MARIO, MD

Test D	av)	Date	Time	Result	Reference	Units
l lest	/G y	Date	11116	NESGI C	vererence	onics
=> ALB/GLOB RATIO	21	OCT 27	0605	0.0 I	(0.74-3.85)	
=> BILIRUBIN, TOTAL	1	OCT 7	0732	0.5	(0.2-1.2)	mg/dL
=> BILIRUBIN, TOTAL	4	OCT 10	0445	0.8	(0.2-1.2)	mg/dL
=> BILIRUBIN, TOTAL	12	OCT 18	0545	2.4 H		mg/dL
=> BILIRUBIN, TOTAL		OCT 19	0545	2.3 H	(0.2-1.2)	mg/dL
=> BILIRUBIN, TOTAL	14	OCT 20	0415	1.5 H	(0.2-1.2)	mg/dL
=> BILIRUBIN, TOTAL	15	OCT 21	0500	1.3 H	(0.2-1.2)	mg/dL
=> BILIRUBIN, TOTAL		OCT 22	0513	1.2	(0.2-1.2)	mg/dL
=> BILIRUBIN, TOTAL		OCT 25	0555	1.8 H		mg/dL
=> BILIRUBIN, TOTAL		OCT 26	0545	1.2	(0.2-1.2)	mg/dL
=> BILIRUBIN, TOTAL	21	OCT 27	0605	0.8	(0.2-1.2)	mg/dL
=> BILIRUBIN, DIREC	1	OCT 7	0732	< 0.2	(0-0.3)	mg/dL
=> BILIRUBIN, DIREC		OCT 18	0545		(0-0.3)	mg/dL
=> BILIRUBIN, DIREC		OCT 19	0545	1.7 H	(0-0.3)	mg/dL
=> BILIRUBIN, DIREC		OCT 20	0415	1 1 H	(0-0.3)	mg/dL
=> BILIRUBIN, DIREC		OCT 21	0500	0.8 H	(0-0.3)	mg/dL
=> BILIRUBIN, DIREC		OCT 22	0513	0.7 H	(0-0.3)	mg/dL
=> BILIRUBIN, DIREC		OCT 25	0555	1,4 H	(0-0.3)	mg/dL
=> BILIRUBIN, DIREC		OCT 26	0545	0.7 H	(0-0.3)	mg/dL
=> BILIRUBIN, DIREC		OCT 27	0605	0.4 H	(0-0.3)	mg/dL
=> AST/SGOT => AST/SGOT	1 4	OCT 7 OCT 10	0732	26	(14-51) (14-51)	U/L U/L
I .	12	OCT 18	0445 0545	20/# n 150 H	(14-51) (14-51)	U/L
	13	OCT 19	0545	239 H	l : :	U/L
	14	OCT 20	0415	242 H	(14-51) (14-51)	U/L
	15	OCT 21	0500	167 H	(14-51)	U/L
1	16	OCT 22	0513	112 H	(14-51)	U/L
	19	OCT 25	0555	83 H	(14-51)	U/L
	20	OCT 26	0545	59 H	(14-51)	U/L
=> AST/SGOT	21	OCT 27	0605	64 H	(14-51)	U/L
=> ALT SGPT	1	OCT 7	0732	20	(7-60)	U∕L
=> ALT SGPT	4	OCT 10	0445	46	(7-60)	U∕L
=> ALT SGPT	12	OCT 18	0545	117 H	(7-60)	U∕L
1	13	OCT 19	0545	154 H	(7-60)	U∕L
	14	OCT 20	0415	191 H	(7-60)	U/L
	15	OCT 21	0500	158 H	(7-60)	U∕L
1	16	OCT 22	0513	128 H	(7-60)	U/L
	19	OCT 25	0555	72 H	(7-60)	U/L
	20	OCT 26	0545	53	(7-60)	U∕L
=> ALT SGPT	21	OCT 27	0605	53	(7-60)	U/L
					*	

NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247 ACCT: FA1307223089

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SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO AGE/SEX:37/M

DOS: 10/07/16 DOB:03/06/1979 ACCT: FA1307223089

LOC:FI4PVA

MR: F001250247

ATTEND DR: LITTMAN, MARIO, MD

Test	Day	Date	Time	Result	Reference	Units
=> ALK PHOSPHATA	SE 1	OCT 7	0732	55	(42-157)	U/L
=> ALK PHOSPHATA	ASE 4	OCT 10	0445	40 I	(42-157)	U/L
=> ALK PHOSPHATA	ASE 12	OCT 18	0545	110	(42-157)	U/L
=> ALK PHOSPHATA	SE 13	OCT 19	0545	116	(42-157)	U/L
=> ALK PHOSPHATA	ASE 14	OCT 20	0415	136	(42-157)	U/L
=> ALK PHOSPHATA	ASE 15	OCT 21	0500	159 H	(42-157)	U/L
=> ALK PHOSPHATA	ASE 16	OCT 22	0513	158 H	(42-157)	U∕L
=> ALK PHOSPHATA	SE 19	OCT 25	0555	118	(42-157)	U/L
=> ALK PHOSPHATA	ASE 20	OCT 26	0545	112	(42-157)	U/L
=> ALK PHOSPHATA	ASE 21	OCT 27	0605	109	(42-157)	U/L
=> LDH	12	OCT 18	0851		(127-239)	U/L
=> TOTAL CK	1	OCT 7	0732	392 H	(32-230)	U∕L
=> TOTAL CK	2	OCT 8	0510		(32-230)	U/L
=> TOTAL CK	3	OCT 9	0530	7497 # H	(32-230)	U∕L
=> TOTAL CK	3	OCT 9	1215		(32-230)	U∕L
=> TOTAL CK	4	OCT 10	0445		(32-230)	U∕L
=> TOTAL CK	5	OCT 11	1910		(32-230)	U∕L
=> TOTAL CK	7	OCT 13	0600	3101 H	(32-230)	U∕L
=> TOTAL CK	8	OCT 14	0555	1505 H	(32-230)	U/L
=> TOTAL CK	9	OCT 15	0534	822 H	(32-230)	U∕L
=> TOTAL CK	10	OCT 16	0515	690 H	(32-230)	U/L
=> TROPONIN T	1	OCT 7	0732	(ae)	(<0.04)	ng/mL
=> TROPONIN T	1	OCT 7	1211	(ag)	(<0.04)	ng/mL
=> TROPONIN T	1	OCT 7	1440	(ah)	(<0.04)	ng/mL
=> AMPHET UR SCF	REE 1	OCT 7	0815	NEGATIVE	(NEGATIVE)	
=> BARB URINE SO		OCT 7	0815	NEGATIVE	(NEGATIVE)	
=> BENZO UR SCRE		OCT 7	0815	NEGATIVE	(NEGATIVE)	
=> COCAINE UR SO		OCT 7	0815		(NEGATIVE)	
=> METHADONE UR		OCT 7	0815	NEGATIVE	(NEGATIVE)	
=> OPIATES UR SO	R 1	OCT 7	0815	NEGATIVE	(NEGATIVE)	
NOTES: (ae) <=	0.01					

See also (af)

(af) Troponin levels greater than or equal to 0.04 ng/ml are indicative of myocardial injury.

(ag) <= 0.01

See also (af)

(ah) <= 0.01

See also (af)

NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247 ACCT: FA1307223089

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SAMIA HENIEN, M.D.

MEDICAL DIRECTOR

Units

LABORATORY REPORT

DOS: 10/07/16 NAME: EFUNNUGA, OLUTOKUNBO LOC:FI4PVA DOB: 03/06/1979 ACCT: FA1307223089 MR: F001250247 AGE/SEX:37/M

ATTEND DR: LITTMAN, MARIO, MD

	Test	Day	Date	Time	Result	Reference
=	> PCP URINE SCREE	E 1	OCT 7	0815	NEGATIVE	(NEGATIVE)
=	> THC UR SCREEN	1	OCT 7	0815	POSITIVE H	(NEGATIVE)
=	> UR PROPOXYPHENE	1	OCT 7	0815	NEGATIVE	(NEGATIVE)
=	> TCA SCREEN, UR	1	OCT 7	0815	(aí) H	(NEGATIVE)
=	> UR METHAMPHET	1	OCT 7	0815	(ak)	(NEGATIVE)
1 =	> OVECODONE UP SO	` 1	OCT 7	0815	(am)	(NEGATIVE)

NOTES: (ai) POSITIVE H

False positive results may occur when the patient is taking quetiapine, chlorpromazine, cyclobenzaprine, thioridazine, diphenhydramine, orphenadrine citrate, and cyproheptadine. See also (aj)

(aj) Screening test only. Result is presumptive.

Cutoff concentration for a positive result is:

Amphetamines 1000 ng/mL Benzodiazepines 300 ng/mL 300 ng/mL Cocaine Cannabinoids (THC) 50 ng∕mL Opiates 300 ng/mL Tricyclics 300 ng/mL Phenoyclidine (PCP) 25 ng/mL Barbiturates 200 ng/mL Methadone 300 ng/mL Propoxyphene 300 ng/mL

(ak) NEGATIVE

See also (al)

(al) Screening test only. Result is presumptive. Cutoff concentration for a positive result is 1000 ng/mL.

(am) NEGATIVE

Screening test only. Result is presumptive.

Cutoff concentration for a positive result is 100 ng/mL.

UNIT: F001250247 NAME: EFUNNUGA, OLUTOKUNBO ACCT: FA1307223089

PRINTED: 12/07/16 0001 PAGE: 30 ** CONTINUED ON NEXT PAGE **

SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO DOS: 10/07/16 LOC: FI4PVA

AGE/SEX:37/M DOB:03/06/1979 ACCT: FA1307223089 MR: F001250247

ATTEND DR: LITTMAN, MARIO, MD

KEY H - Abn High *H - Critical High * - High or Low(Alpha results) # - Delta Check

L - Abn Low *L - Critical Low * - Microbiology Abn Result

		Test	Day	Date	Time	Result	Reference	Units
	= >	VANCOMYCIN TRO)U 4	OCT 10	2020	5.3(an)		mg/L
	=>	VANCOMYCIN TRO)U 6	OCT 12	0540	11.0(an)		mg/L
	=>	ACETAMINOPHEN	1	OCT 7	0732	< 5.0(ao) L	(10-30)	mg/L
	=>	SALICYLATE LEV	/E 1	OCT 7	0732	< 0.3(ap)	(0.0-44.0)	mg/dL
	=>	TSH REFLEX	2	OCT 8	1145	0.76	(0.27-4.62)	uIU/mL
	=>	AMMONIA	2	OCT 8	1145	53(aq)	(16-60)	umol/L
	=>	HEPATITIS C AN	VT 5	OCT 11	1910	NEGATIVE	(NEGATIVE)	
İ	=>	HEP B SURFACE	A 5	OCT 11	1910	NEGATIVE	(NEGATIVE)	
	=>	HEP B CORE IGN	1 5	OCT 11	1910	NEGATIVE	(NEGATIVE)	
	=>	RDM UR CREATIN	VI 1	OCT 7	1440	126.0(ar)		mg/dL
ĺ	=>	SODIUM, RANDOM	U 1	OCT 7	1440	64(as)		mmol/L
	=>	SODIUM, RANDOM	U 1	OCT 7	1530	63(as)		mmol/L
	= >	POTASSIUM, RANI	00 1	OCT 7	1530	58(at)		$\mathtt{mmol/L}$

NOTES: (an)

Interpretive Note:

Vancomycin Trough concentrations of at least 10 mg/L should be achieved, this may reduce the emergence of isolates with elevated vancomcyin MICs (reduced susceptibility).

Trough concentrations of 15-20 mg/L recommended in the setting of invasive infections such as bacteremia, endocarditis, osteomyelitis, prosthetic joint infections hospital acquired pneumonia and infections involving the central nervous system and for treatment of due to isolates with vancomycin MICs > 1 mg/L.

Am J Health Syst Pharm 2009:66 p82

(ao) RESULT DELAYED. INSTRUMENT MALFUNCTION

(ap) Salicylates Interpretation antipyretic, analgesic: 2.0-10.0 mg/dL

anti-inflammatory: 10.0-25.0 mg/dL toxic: >30.0 mg/dL

(aq) Temozolomide at therapeutic concentrations may lead to erroneous results.

- (ar) Reference range not established for random specimens.
- (as) Reference Range not available.
 Dependent on salt intake.
- (at) Reference Range not available. Dependent on salt intake.

NAME: EFUNNUGA,OLUTOKUNBO UNIT: F001250247
ACCT: FA1307223089

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DARBY, PA 19023 (610)237-4742 SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

DOS: 10/07/16 LOC:FI4PVA NAME: EFUNNUGA, OLUTOKUNBO

DOB: 03/06/1979 ACCT: FA1307223089 MR: F001250247 AGE/SEX:37/M

ATTEND DR: LITTMAN, MARIO, MD

	Test	Day	Date	Time	Result	Reference	Units
=>	RDM UR CHLORID	E 1	OCT 7	1530	51(au)		mmol/L
=>	ETHYL ALCOHOL	1	OCT 7	0732	51(av)	(<10)	mg/dL
=>	RAPID PLASMA R	E 3	OCT 9	1215	(aw)	(NR)	
=>	VDRL CSF	2	OCT 8	1337	(ax)	(Nonreactive)	
=>	VDRL, CSF TITE	R 2	OCT 8	1337	(ay)	(())	Titer
=>	CRYPTO AG	3	OCT 9	1215	(az)		

NOTES: (au) Reference Range not available.

Dependent on salt intake.

(av) For Medical Managment only Impairment: 50-100 Depression of CNS: >100

Fatalities reported: >400

(aw) NON-REACTIVE

(ax) Nonreactive

(ay) Test not performed

Test performed at Warde Medical Laboratory, 300 W. Textile Rd, Ann Arbor, MI 48108 800-876-6522

William G. Finn, MD - Medical Director

(az) See Below

Cryptococcal Ag Screen w/rfl

Test Name Result Flag Ref Range

Specimen Source SERUM

Cryptococcal Ag Scr NOT DETECTED NOT DETECTED

Culture should be performed on the initial positive antigen test in order to recover the causative organism for precise identification (C. neoformans vs. C. gatii) and potential

susceptibility testing. Test performed at

Focus Diagnostics, Inc. 33608 Ortega Highway

San Juan Capistrano, CA 92675

Laboratory Director: H J Batterman MD

NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247 ACCT: FA1307223089

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SAMIA HENIEN, M.D.

MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO

DOS: 10/07/16

LOC:FI4PVA

AGE/SEX:37/M

DOB: 03/06/1979

ACCT: FA1307223089

MR: F001250247

ATTEND DR: LITTMAN, MARIO, MD

	Test I	Оау	Date	Time	Result	Reference	Units
=>	OLIG BANDS, CSF	2	OCT 8	1337	(ba)		
=>	ALBUMIN, CSF	2	OCT 8	1337	24.2(ББ)	(0.0 - 35.0)	mg/dL
=>	CD4%	4	OCT 10	2030	26 L	(35-66)	%
=>	CD4, ABSOLUTE	4	OCT 10	2030	245 I	(443-1471)	cell/ul
= >	CD8%	4	OCT 10	2030	56 H	(9-37)	%
=>	CD8,ABSOLUTE	4	OCT 10	2030	515	(190-832)	cell/ul
=>	CD4/CD8 RATIO	4	OCT 10	2030	0.5(bc) I	(1.0-3.7)	
=>	GENTAMICIN. TRO	10	OCT 16	1216	(bd)	_	

NOTES: (ba) See Below

CSF contains oligoclonal bands. Since the corresponding serum contains the same oligoclonal bands, this is not specific enough to be considered supportive evidence for multiple sclerosis.

Reviewing pathologist: William G Finn, M.D. Test performed at Warde Medical Laboratory, 300 W. Textile Rd, Ann Arbor, MI 48108 800-876-6522

William G. Finn, MD - Medical Director

800-876-6522

(bb) Test performed at Warde Medical Laboratory, 300 W. Textile Rd, Ann Arbor, MI 48108

William G. Finn, MD - Medical Director

(bc) Test performed at Warde Medical Laboratory, 300 W. Textile Rd, Ann Arbor, MI 48108 800-876-6522

(bd) 0.8 UG/ML

REFERENCE RANGE: 0.5-2.0 UG/ML

CONFIRMED IN DUPLICATE

TEST PERFORMED BY ATLANTIC DIAGNOSTIC LABORATORIES BENSALEM PA

See also (*be)

(*be)ATLANTIC DIAGNOSTICS LAB

PERFORMED at Atlantic Diagnostics Labs

Bensalem, PA

UNIT: F001250247 NAME: EFUNNUGA, OLUTOKUNBO ACCT: FA1307223089

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MERCY HEALTH SYSTEM LABORATORY MERCY FITZGERALD HOSPITAL 1500 LANSDOWNE AVENUE DARBY, PA 19023 (610)237-4742 SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO

DOS: 10/07/16 LOC:FI4PVA ACCT: FA1307223089 MR: F001250 DOB: 03/06/1979 ACCT: FA1307223089 AGE/SEX:37/M MR: F001250247

ATTEND DR: LITTMAN, MARIO, MD

KEY H - Abn High *H - Critical High * - High or Low(Alpha results) # - Delta Check
L - Abn Low *L - Critical Low * - Microbiology Abn Result

Test Day Date Time Result Reference Units

=> GENTAMICIN, TRO 17 OCT 23 0500 1.0(bf) (1.0-2.0) => GENTAMICIN, TRO 17 OCT 23 1300 1.1(bh) (1.0-2.0) mg/L

mg/L

NOTES: (bf) THIS TEST WAS PERFORMED AT:

QUEST DIAGNOSTICS/NICHOLS CHANTILLY

14225 NEWBROOK DRIVE CHANTILLY, VA 20151-2228 PATRICK W. MASON, MD, PHD

See also (*bg)

(*bg)QUEST

Performed by Quest Laboratories

HORSHAM, PA

(bh) THIS TEST WAS PERFORMED AT:

QUEST DIAGNOSTICS/NICHOLS CHANTILLY

14225 NEWBROOK DRIVE CHANTILLY, VA 20151-2228 PATRICK W. MASON, MD, PHD

See also (*bg)

NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247 ACCT: FA1307223089

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MERCY HEALTH SYSTEM LABORATORY MERCY FITZGERALD HOSPITAL 1500 LANSDOWNE AVENUE DARBY, PA 19023 (610)237-4742 MEDICAL DIRECTOR SAMIA HENIEN, M.D.

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO DOS: 10/07/16 LOC:FI4PVA DOB: 03/06/1979 MR: F001250247 ACCT: FA1307223089 AGE/SEX:37/M

ATTEND DR: LITTMAN, MARIO, MD

Reference Units Time Result Test Day Date

=> TOXOPLASMA IgG 2 OCT 8 1337 <0.90(bi)

NOTES: (bi) REFERENCE RANGE:

IgG: <0.90

IgM: <0.80

INTERPRETIVE CRITERIA:

IqG:

ANTIBODY NOT DETECTED <0.90

0.90-1.09 EQUIVOCAL

> OR = 1.10 ANTIBODY DETECTED

IqM:

<0.80 ANTIBODY NOT DETECTED

0.80-0.99 EQUIVOCAL

> OR = 1.00 ANTIBODY DETECTED

Diagnosis of central nervous system infections can be accomplished by demonstrating the presence of intrathecally-produced specific antibody. Interpreting results may be complicated by low antibody levels found in CSF, passive transfer of antibody from blood, and contamination via bloody taps. The interpretation of CSF results must consider CSF-serum antibody ratios to the infectious agent.

THIS TEST WAS PERFORMED AT:

FOCUS DIAGNOSTICS

33608 ORTEGA HIGHWAY BLD B-WEST WING

SAN JUAN CAPISTRANO, CA 92675-2042

HOLLIS BATTERMAN, MD

See also (*bj)

(*bj)QUEST

Performed by Quest Laboratories

HORSHAM, PA

NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247

ACCT: FA1307223089

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MERCY HEALTH SYSTEM LABORATORY MERCY FITZGERALD HOSPITAL 1500 LANSDOWNE AVENUE DARBY, PA 19023 (610)237-4742 SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO DOS: 10/07/16 LOC:FI4PVA

ACCT: FA1307223089 AGE/SEX:37/M DOB:03/06/1979 MR: F001250247

ATTEND DR: LITTMAN, MARIO, MD

KEY H - Abn High *H - Critical High * - High or Low(Alpha results) # - Delta Check

L - Abn Low *L - Critical Low * - Microbiology Abn Result

Dav Date Time Result Test Reference Units

1337 <0.80(bk)

=> TOXOPLASMA IgM 2 OCT 8 => HIV-1 RNA QUAL 1 OCT 7 DETECTED H (Not detected) 1030

=> DATE RECEIVED 1 OCT 7 1030 10/7/16

NOTES: (bk) REFERENCE RANGE:

IgG: <0.90

IgM: <0.80

INTERPRETIVE CRITERIA:

IqG:

ANTIBODY NOT DETECTED <0.90

0.90-1.09 EQUIVOCAL

> OR = 1.10 ANTIBODY DETECTED

IgM:

<0.80 ANTIBODY NOT DETECTED

0.80-0.99 EQUIVOCAL

> OR = 1.00 ANTIBODY DETECTED

Diagnosis of central nervous system infections can be accomplished by demonstrating the presence of intrathecally-produced specific antibody. Interpreting results may be complicated by low antibody levels found in CSF, passive transfer of antibody from blood, and contamination via bloody taps. The interpretation of CSF results must

consider CSF-serum antibody ratios to the infectious agent.

THIS TEST WAS PERFORMED AT:

FOCUS DIAGNOSTICS

33608 ORTEGA HIGHWAY BLD B-WEST WING

SAN JUAN CAPISTRANO, CA 92675-2042

HOLLIS BATTERMAN, MD

See also (*bl)

(*bl)QUEST

Performed by Quest Laboratories

HORSHAM, PA

NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247 ACCT: FA1307223089

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SANIA HENIEN, M.D.

MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO

DOS: 10/07/16

LOC:FI4PVA

AGE/SEX:37/M

DOB:03/06/1979

ACCT: FA1307223089

MR: F001250247

ATTEND DR: LITTMAN, MARIO, MD

KEY H - Abn High *H - Critical High * - High or Low(Alpha results) # - Delta Check
L - Abn Low *L - Critical Low * - Microbiology Abn Result

Dav Date Time Result Reference Test

=> DATE REPORTED

1 OCT 7 1 OCT 7 1030

(bm) 1,443 H (<40)

Copies/mL

Units

=> COPIES/ML => LOGCOPIES/ML

1030 1 OCT 7 1030

3.16(bn) H (<1.60)

Source Category: BLOOD

Collection Date: 10/19/16

> BLOOD CULTURE

Final 10/25/16 NO GROWTH AFTER 6 DAYS

(bm) 10/10/16NOTES:

> This test utilizes a real-time reverse-transcriptase polymerase chain reaction test from Abbott Molecular Systems to amplify a portion of the pol/integrase region of the HIV-1 genome. This test is intended for use in conjunction with clinical presentation and other laboratory markers as an indicator of disease prognosis. This test may also be used as an aid in assessing the viral response to antiretroviral treatment as measured by changes in plasma HIV-1 RNA levels. This test should not be used to establish a diagnosis of HIV-1 infection. The lower limit of quantitation is 40 copies/mL (1.60 log cy/mL) and the upper limit of quantitation is 10,000,000 copies/mL (7.00 log cy/mL). The qualitative limit of detection is 20 copies/mL (1.30 log cy/mL). Specimens reported as DETECTED but <40 cy/mL contain detectable level of HIV-1 RNA but the viral load is below the limit of quantitation. A Not detected result does

not rule out infection. Test performed at Warde Medical Laboratory,

300 W. Textile Rd, Ann Arbor, MI 48108 800-876-6522

William G. Finn, MD - Medical Director

(bn) Result Units: Log (10) Copies/mL

UNIT: F001250247 NAME: EFUNNUGA, OLUTOKUNBO ACCT: FA1307223089

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MERCY HEALTH SYSTEM LABORATORY MERCY FITZGERALD HOSPITAL 1500 LANSDOWNE AVENUE DARBY, PA 19023 (610)237-4742 SANIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO

DOB:03/06/1979 ACCT: FA1307223089

DOS: 10/07/16

LOC:FI4PVA MR: F001250247

AGE/SEX:37/M ATTEND DR: LITTMAN, MARIO, MD

KEY H - Abn High *H - Critical High * - High or Low(Alpha results) # - Delta Check
L - Abn Low *L - Critical Low * - Microbiology Abn Result

Source Category: BLOOD

Collection Date: 10×19×16

> BLOOD CULTURE

Final 10/25/16

NO GROUTH AFTER 6 DAYS

Collection Date: 10/17/16

> BLOOD CULTURE

Final 10/23/16

NO GROUTH AFTER 6 DAYS

Collection Date: 10/14/16

> BLOOD CULTURE

Final 10/20/16

NO GROWTH AFTER 6 DAYS

Collection Date: 19×10×16

> BLOOD CULTURE

Final 10/16/16

NO GROWTH AFTER 6 DAYS

> BLOOD CULTURE

Final 10/16/16

NO GROWTH AFTER 6 DAYS

Collection Date: 10/08/16

> BLOOD CULTURE

Final 10/12/16

GRAM STAIN RESULT

FROM AEROBIC BOTTLE:

GRAM POSITIVE COCCI IN CHAINS

POSITIVE

POSITIVE SMEAR CALLED

CALLED TO/READ BACK BY:

JOHN GOOCH AT 77906

DATE

10/09/16

TIME CALLED

2220

CALLED BY

GM

NAME: EFUNNUGA.OLUTOKUNBO

UNIT: F001250247

PRINTED: 12/07/16 0001

ACCT: FA1307223089

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DARBY, PA 19023 (610)237-4742 SANIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO DOS: 10/07/16 LOC:FI4PVA DOB:03/06/1979 ACCT: FA1307223089 MR: F001250247 AGE/SEX:37/M

ATTEND DR: LITTMAN, MARIO, MD

KEY H - Abn High *H - Critical High * - High or Low(Alpha results) # - Delta Check
L - Abn Low *L - Critical Low * - Microbiology Abn Result

Source Category: BLOOD (continued)

Collection Date: 19×08×16 (continued)

BLOOD CULTURE STREP MITIS/STREP ORALIS Organism 1

FROM AEROBIC BOTTLE BACTEC BOTTLE

10/12FOR IDENTIFICATION AND SUSCEPTIBILITY REFER TO: BLOOD

CULTURE FROM SAME DATE

BLOOD CULTURE Final 10/12/16

> FROM ANAEROBIC BOTTLE: GRAM POSITIVE COCCI IN CHAINS GRAM STAIN RESULT

(continued)

POSITIVE POSITIVE SMEAR CALLED

CALLED TO/READ BACK BY: DR KUMAR, NITISH

10/09/16 DATE 1305 TIME CALLED CALLED BY GPB

STREP MITIS/STREP ORALIS Organism 1

BACTEC BOTTLE FROM ANAEROBIC BOTTLE

1 STRMO

M.I.C. TRIMET/SULFA <=10 - 5 S CEFTRIAXONE <=1 Ι ERYTHROMYCIN 1 0.25 --S LEVOFLOXACIN 5 LINEZOLID 2 R PENG 0.5 TETRACYCLINE R 16 VANCOMYCIN 0.5 S

Source Category: URINE

Collection Date: 10/21/16

> <u>LEGIONELLA URINARY ANTIGEN</u> Final 10/21/16

NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247

ACCT: FA1307223089

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SAMIA HENIEN, M.D. MEDICAL DIRECTOR

NAME: EFUNNUGA, OLUTOKUNBO

DOS: 10/07/16

LABORATORY REPORT

LOC:FI4PVA

AGE/SEX:37/M

DOB:03/06/1979 ACCT: FA1307223089

MR: F001250247

ATTEND DR: LITTMAN, MARIO, MD

Source Category: URINE (continued)

Collection Date: 18/21/16 (continued)

LEGIONELLA URINARY ANTIGEN RESULT

(continued)

NEGATIVE FOR LEGIONELLA URINARY ANTIGEN

Collection Date: 10/14/16

> URINE CULTURE CIII.TIIRE Final 10/15/16

NO GROWTH IN 24 HOURS

Source Category: RESPIRATORY

Collection Date: 10/24/16

RESULT

> MRSA FOR SCREEN Final 10/24/16

NEGATIVE-NO MRSA DNA DETECTED

MRSA colonization unlikely. False negative results can occur. Follow hospital policies for repeat monitoring.

Collection Date: 10/21/16

> RESPIRATORY CULTURE

Final 10/23/16

GRAM STAIN RESULT

MANY WHITE BLOOD CELLS MANY EPITHELIAL CELLS

FEW GRAM POSITIVE COCCI IN PAIRS

FEW GRAM POSITIVE BACILLI RARE GRAM NEGATIVE RODS

CULTURE GROUTH

NORMAL RESPIRATORY FLORA

RARE

NAME: EFUNNUGA, OLUTOKUNBO

UNIT: F001250247

ACCT: FA1307223089

PRINTED: 12/07/16 0001

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(610)237-4742 DARBY, PA 19023 SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO

DOS: 10/07/16

LOC:FI4PVA

AGE/SEX:37/M

DOB:03/06/1979

ACCT: FA1307223089

MR: F001250247

ATTEND DR: LITTMAN, MARIO, MD

Source Category: RESPIRATORY

Collection Date: 10×19×16

> RESPIRATORY CULTURE

GRAM STAIN RESULT

Final 10/22/16

MANY WHITE BLOOD CELLS MODERATE EPITHELIAL CELLS

MANY GRAM POSITIVE COCCI IN PAIRS MODERATE GRAM POSITIVE COCCI IN CHAINS

FEW GRAM NEGATIVE RODS

CULTURE GROWTH

NORMAL RESPIRATORY FLORA

LIGHT

Organism 1

ENTEROBACTER AEROGENES MODERATE

GROWTH Organism 2

STREPTOCOCCUS GROUP C

GROWTH

MODERATE

1. ENT AEROGE

	M.I.C	<u>RX</u>
TRIMET/SULFA	<=20	S
AZTREONAM	16	I
CEFAZOLIN	>=64	R
CEFTRIAXONE	16	I
CEFEPIME	< = 1	S
CIPROFLOXACIN	<=0.25	S
GENTAMICIN	< = 1	5
TOBRAMYCIN	< = 1	S
AMIKACIN	<=2	S
PIP/TAZO	>=128	R

Collection Date: 10/17/16

> MRSA FOR SCREEN

Final 10/18/16

NEGATIVE-NO MRSA DNA DETECTED

NAME: EFUNNUGA, OLUTOKUNBO

UNIT: F001250247

PRINTED: 12/07/16 0001

ACCT: FA1307223089

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MERCY HEALTH SYSTEM LABORATORY MERCY FITZGERALD HOSPITAL 1500 LANSDOWNE AVENUE DARBY, PA 19023 (610)237-4742

SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

DOS: 10/07/16 LOC:FI4PVA NAME: EFUNNUGA, OLUTOKUNBO

DOB:03/06/1979 ACCT: FA1307223089 MR: F001250247 AGE/SEX:37/M

ATTEND DR: LITTMAN, MARIO, MD

Source Category: RESPIRATORY (continued)

Collection Date: 10×17×16 (continued)

MRSA POR SOREEN (continued)

MRSA colonization unlikely. False negative results can occur. Follow hospital policies for repeat monitoring.

Collection Date: 10/13/16

RESPIRATORY CULTURE

Final 10/15/16

GRAM STAIN RESULT

RARE EPITHELIAL CELLS MANY WHITE BLOOD CELLS FEW GRAM POSITIVE COCCI IN PAIRS

FEW GRAM NEGATIVE RODS

NORMAL RESPIRATORY FLORA CULTURE

GROWTH RARE

ENTEROBACTER AEROGENES Organism 1

MODERATE GROWTH

1 ENT AEROGE

	M.I.C	_RX
TRIMET/SULFA	<=20	S
AZTREONAM	<=1	S
CEFAZOLIN	>=64	R
CEFTRIAXONE	<=1	S
CEFEPIME	<=1	S
CIPROFLOXACIN	<=0.25	S
GENTAMICIN	<=1	S
TOBRAMYCIN	< = 1	S
AMIKACIN	<=2	S

NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247

ACCT: FA1307223089

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DARBY, PA 19023 (610)237-4742 SANIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO DOS: 10/07/16 LOC:FI4PVA

ACCT: FA1307223089 MR: F001250247 AGE/SEX:37/M DOB: 03/06/1979

ATTEND DR: LITTMAN, MARIO, MD

KEY H - Abn High *H - Critical High * - High or Low(Alpha results) # - Delta Check
L - Abn Low *L - Critical Low * - Microbiology Abn Result

Source Category: RESPIRATORY

Collection Date: 10×08×16

> RESPIRATORY CULTURE

GRAM STAIN RESULT

Final 10/11/16

MANY WHITE BLOOD CELLS RARE EPITHELIAL CELLS

MANY GRAM POSITIVE COCCI IN CLUSTERS MODERATE GRAM POSITIVE COCCI IN PAIRS

FEW GRAM NEGATIVE RODS

CULTURE NO NORMAL RESPIRATORY FLORA

STAPHYLOCOCCUS AUREUS Organism 1

GROWTH

10/11 UPDATED GROWTH OF STAPH AUREUS

************* * This is a corrected result. * *********

A prior result that was reported as final has been changed.

1 STA AUREUS

	M.I.C.	_RX
TRIMET/SULFA	<=10	S
CLINDAMYCIN	0.25	S
ERYTHROMYCIN	0.5	5
GENTAMICIN	<=0.5	S
LEVOFLOXACIN	0.25	S
LINEZOLID	2	S
OXACILLIN	0.5	S
TETRACYCLINE	>=16	R
VANCOMYCIN	<=0.5	S

Collection Date: 10/07/16

> MRSA POR SCREEN Final 10/07/16

> RESULT NEGATIVE-NO MRSA DNA DETECTED

> > NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247 ACCT: FA1307223089

PRINTED: 12/07/16 0001 PAGE: 43 ** CONTINUED ON NEXT PAGE **

DARBY, PA 19023 (610)237-4742 SANIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

LOC:FI4PVA DOS: 10/07/16 NAME: EFUNNUGA, OLUTOKUNBO ACCT: FA1307223089 DOB: 03/06/1979 MR: F001250247 AGE/SEX:37/M

ATTEND DR: LITTMAN, MARIO, MD

KEY H - Abn High *H - Critical High * - High or Low(Alpha results) # - Delta Check
L - Abn Low *L - Critical Low * - Microbiology Abn Result

Source Category: RESPIRATORY (continued)

Collection Date: 10/07/16 (continued)

(continued) MRSA POR SCREEN

MRSA colonization unlikely. False negative results can occur. Follow hospital policies for repeat monitoring.

Source Category: BODY FLUIDS

Collection Date: 18×08×16

Final 10/12/16 > CSF CULTURE

GRAM STAIN RESULT

RARE WHITE BLOOD CELLS NO ORGANISMS SEEN

MADHURA BOIIKER, ICU RESIDENT CALLED TO/READ BACK BY:

DATE CALLED: 10/10/16 TIME CALLED: 1311 CALLED BY: KK

STAPHYLOCOCCUS EPIDERMIDIS Organism 1

GROWTH FROM BROTH ONLY

1. STA EPIDER

M.I.C. RX CLINDAMYCIN 0.25 S R ERYTHROMYCIN >=8 S GENTAMICIN <=0.5 S 0.25 LEVOFLOXACIN S LINEZOLID 1 S OXACILLIN <=0.25 TETRACYCLINE S 2 VANCOMYCIN S

> INDIA INK

Final 10/09/16

NEGATIVE FOR ENCAPSULATED YEAST INDIA INK RESULT

> NAME: EFUNNUGA.OLUTOKUNBO UNIT: F001250247

ACCT: FA1307223089

PRINTED: 12/07/16 0001 PAGE: 44 ** CONTINUED ON NEXT PAGE **

DARBY, PA 19023 (610)237-4742 SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO DOS: 10/07/16 LOC:FI4PVA AGE/SEX:37/M DOB:03/06/1979 ACCT: FA1307223089 MR: F001250247

ATTEND DR: LITTMAN, MARIO, MD

Source Category: WOUND

Collection Date: 10×24×16

> SURGICAL CULTURE

GRAM STAIN RESULT

Final 10/31/16

MANY WHITE BLOOD CELLS MANY GRAM POSITIVE COCCI FEW GRAM POSITIVE BACILLI

Organism 1 BETA HEMOLYTIC STREP C

GROWTH MODERATE

Organism 2 STAPHYLOCOCCUS AUREUS

GROWTH RARE

Organism 3 PREVOTELLA INTERMEDIA

GROWTH RARE BETA LACTAMASE POSITIVE

2. STA AUREUS

	<u>M.I.C.</u>	_RX
TRIMET/SULFA	<=10	S
CLINDAMYCIN	0.25	S
ERYTHROMYCIN	<=0.25	S
GENTAMICIN	<=0.5	S
LEVOFLOXACIN	0.25	S
LINEZOLID	2	S
OXACILLIN	0.5	S
TETRACYCLINE	>=16	R
VANCOMYCIN	1	S

SURGICAL CULTURE

Final 10/27/16

GRAM STAIN RESULT

FEW WHITE BLOOD CELLS NO ORGANISMS SEEN

STAPHYLOCOCCUS SP COAG NEG Organism 1

GROWTH FROM BROTH ONLY

> NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247 ACCT: FA1307223089

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SANIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO

DOB: 03/06/1979

DOS: 10/07/16

LOC:FI4PVA

AGE/SEX:37/M

ATTEND DR: LITTMAN, MARIO, MD

ACCT: FA1307223089

MR: F001250247

Source Category: VOUND (continued)

Collection Date: 10×24×16 (continued)

SURGICAL CULTURE

(continued)

STAPHYLOCOCCUS SP COAG NEG: Suggestive of skin flora

NO ANAEROBES ISOLATED

FUNGUS CULTURE: OTHER

Final 11/21/16

NO FUNGI ISOLATED AFTER 4 WEEKS

> SURGICAL CULTURE

Final 10/27/16

GRAM STAIN RESULT

RARE WHITE BLOOD CELLS

RARE GRAM NEGATIVE RODS

CULTURE

NO GROWTH 72 HOURS

NO ANAEROBES ISOLATED

> ACID FAST STAIN AFB SMEAR Final 10/25/16

NO ACID FAST BACILLI SEEN

> AFB CULTURE

Final 12/05/16

NO ACID FAST BACILLI ISOLATED IN 6 WEEKS

ACID FAST STAIN

AFB SMEAR

Final 10/25/16

NO ACID FAST BACILLI SEEN

> AFB CULTURE

Final 12/05/16

NO ACID FAST BACILLI ISOLATED IN 6 WEEKS

FUNGUS CULTURE: OTHER

Final 11/21/16

NO FUNGI ISOLATED AFTER 4 WEEKS

> ACID FAST STAIN

Final 10/25/16

AFB SMEAR

NO ACID FAST BACILLI SEEN

NAME: EFUNNUGA, OLUTOKUNBO

UNIT: F001250247

ACCT: FA1307223089

PRINTED: 12/07/16 0001

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DARBY, PA 19023 (610)237-4742 SANIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

DOS: 10/07/16 LOC:FI4PVA NAME: EFUNNUGA, OLUTOKUNBO

ACCT: FA1307223089 DOB: 03/06/1979 MR: F001250247 AGE/SEX:37/M

ATTEND DR: LITTMAN, MARIO, MD

KEY H - Abn High *H - Critical High * - High or Low(Alpha results) # - Delta Check
L - Abn Low *L - Critical Low * - Microbiology Abn Result

Source Category: VOUND

Collection Date: 18×24×16

Final 12/06/16 > ARE CULTURE

NO ACID FAST BACILLI ISOLATED IN 6 WEEKS

> SURGICAL CULTURE

Final 11/04/16

GRAM STAIN RESULT

MANY WHITE BLOOD CELLS MANY GRAM POSITIVE COCCI MANY GRAM NEGATIVE RODS

BETA HEMOLYTIC STREP C Organism 1

HEAVY GROWTH

STAPHYLOCOCCUS AUREUS Organism 2

GROWTH RARE

ANAEROBIC GRAM POSITIVE ROD Organism 3

GROWTH RARE

ANAEROBIC GRAM POSITIVE ROD:

PLATES WILL BE RETAINED FOR 7 DAYS. PLEASE CONTACT THE MICROBIOLOGY DEPARTMENT IF FURTHER TESTING IS REQUIRED.

10/26 GRAM STAIN REVIEWED, MANY GRAN NEGATIVE RODS SEEN ON SMEAR NOT RECOVERED FROM CULTURE

	j	44	 REI	7.

	<u>M.I.C.</u>	RX
TRIMET/SULFA	<= 10	S
CLINDAMYCIN	0.25	S
ERYTHROMYCIN	<=0.25	S
GENTAMICIN	<=0.5	S
LEVOFLOXACIN	0.25	S
LINEZOLID	2	S
OXACILLIN	0.5	S
TETRACYCLINE	>=16	R
VANCOMYCIN	<=0.5	S

NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247

ACCT: FA1307223089

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DARBY, PA 19023 (610)237-4742 SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO

AGE/SEX:37/M

ATTEND DR: LITTMAN, MARIO, MD

 DIUTOKUNBO
 DOS:
 10/07/16
 LOC:FI4PVA

 DOB:
 03/06/1979
 ACCT:
 FA1307223089
 MR:
 F001250

MR: F001250247

Source Category: WOUND

Collection Date: 18×24×16

> ACID FAST STAIN AFB SMEAR Final 10/25/16

NO ACID FAST BACILLI SEEN

> AFB CULTURE

Final 12/06/16

NO ACID FAST BACILLI ISOLATED IN 6 WEEKS

> FUNGUS CULTURE: OTHER

Final 11/21/16

NO FUNGI ISOLATED AFTER 4 WEEKS

> FUNGUS CULTURE: OTHER

Final 11/21/16

NO FUNGI ISOLATED AFTER 4 WEEKS

ANAEROBIC CULTURE AND SMEAR

GRAM STAIN RESULT

Final 10/29/16

MODERATE WHITE BLOOD CELLS

NO ORGANISMS SEEN

CULTURE

NO ANAEROBES ISOLATED

> SURGICAL CULTURE

Final 10/27/16

GRAM STAIN RESULT

FEW WHITE BLOOD CELLS

NO ORGANISMS SEEN

CULTURE

NO GROWTH 72 HOURS

COLLECTED: Oct 24, 2016 8:45am

> BLOOD TYPE

| O POSITIVE

NAME: EFUNNUGA, OLUTOKUNBO

UNIT: F001250247

PRINTED: 12/07/16 0001

ACCT: FA1307223089

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MERCY HEALTH SYSTEM LABORATORY MERCY FITZGERALD HOSPITAL 1500 LANSDOWNE AVENUE DARBY, PA 19023 (610)237-4742 SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

DOS: 10/07/16 LOC:FI4PVA NAME: EFUNNUGA, OLUTOKUNBO

ACCT: FA1307223089 AGE/SEX:37/M DOB: 03/06/1979 MR: F001250247

ATTEND DR: LITTMAN, MARIO, MD

KEY H - Abn High *H - Critical High * - High or Low(Alpha results) # - Delta Check
L - Abn Low *L - Critical Low * - Microbiology Abn Result

COLLECTED: Oct 24, 2016 5:33am

> BLOOD TYPE | O POSITIVE

OK HELEN

COLLECTED: Oct 24, 2016 4:50am

> BLOOD TYPE | O POSITIVE NEGATIVE > ANTIBODY SCREEN

IS CROSSMATCH

PACKED CELLS | W202216725433 PACKED CELLS O POSITIVE Compatible? Y <N/A> | W202216741827 PACKED CELLS O POSITIVE Compatible? Y < N/A> PACKED CELLS

> NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247 ACCT: FA1307223089

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MERCY HEALTH SYSTEM LABORATORY MERCY FITZGERALD HOSPITAL 1500 LANSDOWNE AVENUE DARBY, PA 19023 (610)237-4742 SANIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

DOS: 10/07/16 LOC:FI4PVA NAME: EFUNNUGA, OLUTOKUNBO

ACCT: FA1307223089 DOB: 03/06/1979 MR: F001250247 AGE/SEX:37/M

ATTEND DR: LITTMAN, MARIO, MD

MERCY FITZGERALD PENDING SPECIMENS

FI1024:BB00004R RES, Coll: 10/24/16-0450 Recd: 10/24/16-0506 (R#01979230) HOWLAND, AMANDA R M

Ordered: FFP/2, PACKED CELLS/2/-2, TYPE AND SCREEN, IS XMATCH/2 2 to be issued, 2 to be transfused. Pending: FFP:

FI1013:BG00001R RES, Coll: 10/13/16-0530 Recd: 10/13/16-0538 (R01965554) MALIK, AMMAR M MD

Ordered: AEMPNL

Pending: NA, K, CL, ICARSP, LACRSP

NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247

ACCT: FA1307223089

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MERCY HEALTH SYSTEM LABORATORY MERCY FITZGERALD HOSPITAL 1500 LANSDOWNE AVENUE DARBY, PA 19023 (610)237-4742

SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

DOS: 10/07/16 LOC:FI4PVA NAME: EFUNNUGA, OLUTOKUNBO

DOB:03/06/1979 ACCT: FA1307223089 MR: F001250247 AGE/SEX:37/M

ATTEND DR: LITTMAN, MARIO, MD

MERCY FITZGERALD CANCELED SPECIMEN LIST

FI1007:BG00018R CAN, Coll: 10/07/16-0816 Recd: - (R01958837) BORIKAR, MADHURA S MD

Ordered: AEMPNL

Comment: Auto-cancelled after 3 days.

FI1007:C00179R CAN, Coll: 10/07/16-0816 Recd: - (R01958837) BORIKAR, MADHURA S MD

Ordered: (NO REPORTABLE TESTS)

Comment: Auto-cancelled after 3 days.

FI1007:R00025R CAN, Coll: 10/07/16-0858 Recd: - (R01958887) BORIKAR, MADHURA S MD

Ordered: CD4/CD8

Comment: Auto-cancelled after 3 days.

FI1008:BG00002R CAN, Coll: 10/08/16-0500 Recd: - (R01959320) MALIK, AMMAR M MD

Ordered: AEMPNL

Comment: Auto-cancelled after 3 days.

FI1008:BF00001R CAN, Coll: 10/08/16-1254 Recd: - (R01960210) BORIKAR, MADHURA S MD

Ordered: CSF TOT PROTEIN

Comment: Cancelled via OE: POM Order Edit

FI1008:R00028R CAN, Coll: 10/08/16-1254 Recd: - (R01960210) BORIKAR, MADHURA S MD

Ordered: TOXO CSF PANEL

Comment: Cancelled via OE: POM Order Edit

FI16:M0021783R CAN, Coll: 10/08/16-1254 Recd: - (R#01960211) BORIKAR, MADHURA S MD

Ordered: CSF CULTURE

Comment: Cancelled via OE: POM Order Edit

FI1009:C00157S CAN, Coll: 10/09/16-1020 Recd: - (R01960958) BORIKAR, MADHURA S MD

Ordered: (NO REPORTABLE TESTS)

Comment: Auto-cancelled after 3 days.

FI1010:C00037R CAN, Coll: 10/10/16-0500 Recd: - (R01961392) BORIKAR, MADHURA S MD

Ordered: CK

Comment: Auto-cancelled after 3 days.

FI1010:SC00006R CAN, Coll: 10/10/16-2030 Recd: - (R01962762) BORIKAR, MADHURA S MD

Ordered: HEP C AB, HB S AG, HB CORE IGM

Comment: Auto-cancelled after 3 days.

FI1011:C00015R CAN, Coll: 10/11/16-0500 Recd: - (R01963001) BORIKAR, MADHURA S MD

Ordered: CK

Comment: DUPLICATE

FI1011:H00066R CAN, Coll: 10/11/16-0500 Recd: - (R01963076) MALIK,AMMAR M MD

Ordered: CBCDIFF

Comment: Auto-cancelled after 3 days.

FI1011:C00080R CAN, Coll: 10/11/16-0500 Recd: - (R01963076) MALIK, AMMAR M MD

Ordered: BMP, PHOS, MG, CK

NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247 ACCT: FA1307223089

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MERCY HEALTH SYSTEM LABORATORY MERCY FITZGERALD HOSPITAL 1500 LANSDOWNE AVENUE DARBY, PA 19023 (610)237-4742

SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

 JTOKUNBO
 DOS:
 10/07/16
 LOC:FI4PVA

 DOB:
 03/06/1979
 ACCT:
 FA1307223089
 MR:
 F001250247
 NAME: EFUNNUGA, OLUTOKUNBO AGE/SEX:37/M

ATTEND DR: LITTMAN, MARIO, MD

KEY H - Abn High *H - Critical High * - High or Low(Alpha results) # - Delta Check
L - Abn Low *L - Critical Low * - Microbiology Abn Result

Comment: Auto-cancelled after 3 days.

MERCY FITZGERALD CANCELED SPECIMEN LIST

FI1011:SC00001R CAN, Coll: 10/11/16-0500 Read: - (R01963111) ZHANG, HONGYU MD

Ordered: HB CORE IGM

Comment: Auto-cancelled after 3 days.

FI1011:R00006T CAN, Coll: 10/11/16-0500 Recd: - (R01963208) ZHANG, HONGYU MD

Ordered: CD4/CD8

Comment: Auto-cancelled after 3 days.

FI1011:SC00002R CAN, Coll: 10/11/16-0500 Recd: - (R01963209) ZHANG, HONGYU MD

Ordered: HEP C AB, HB S AG

Comment: Auto-cancelled after 3 days.

FI1011:BG00014T CAN, Coll: 10/11/16-0500 Recd: - (R01963336) OLUBIYI, OLUTAYO I MD

Ordered: AEMPNL

Comment: Auto-cancelled after 3 days.

FI1011:BG00002R CAN, Coll: 10/11/16-0600 Recd: - (R01962712) MALIK,AMMAR M MD

Ordered: AEMPNL

Comment: Auto-cancelled after 3 days.

FI1011:R00082S CAN, Coll: 10/11/16-1910 Recd: - (R01964318) GOOCH, JOHN R MD

Ordered: CD4/CD8

Comment: Auto-cancelled after 3 days.

FI1013:C00024R CAN, Coll: 10/13/16-0500 Recd: - (R01965942) MALIK,AMMAR M MD

Ordered: CK

Comment: Auto-cancelled after 3 days.

FI1015:BG00005R CAN, Coll: 10/15/16-0500 Recd: - (R01968559) MALIK,AMMAR M MD

Ordered: AEMPNL

Comment: Auto-cancelled after 3 days.

FI1015:C00002R CAN, Coll: 10/15/16-0500 Recd: - (R01968654) MALIK, AMMAR M MD

Ordered: CK

Comment: Auto-cancelled after 3 days.

FI1015:C00220S CAN, Coll: 10/15/16-1138 Recd: - (R01969208) ZHANG, HONGYU MD

Ordered: CK

Comment: Auto-cancelled after 3 days.

FI1015:C00221R CAN, Coll: 10/15/16-1138 Recd: - (R01969209) ZHANG, HONGYU MD

Ordered: (NO REPORTABLE TESTS)

Comment: Auto-cancelled after 3 days.

FI1017:R00003R CAN, Coll: 10/17/16-0600 Recd: - (R01970498) GILBERT, MARK, MD

Ordered: (NO REPORTABLE TESTS)

Comment: Auto-cancelled after 3 days.

NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247 ACCT: FA1307223089

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MERCY HEALTH SYSTEM LABORATORY MERCY FITZGERALD HOSPITAL 1500 LANSDOWNE AVENUE DARBY, PA 19023 (610)237-4742 SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO DOS: 10/07/16 LOC:FI4PVA ACCT: FA1307223089 DOB: 03/06/1979 MR: F001250247 AGE/SEX:37/M

ATTEND DR: LITTMAN, MARIO, MD

KEY H - Abn High *H - Critical High * - High or Low(Alpha results) # - Delta Check
L - Abn Low *L - Critical Low * - Microbiology Abn Result

MERCY FITZGERALD CANCELED SPECIMEN LIST

FI1018:BF00001R CAN, Coll: 10/18/16-0822 Recd: - (R01972480) BORIKAR, MADHURA S MD

Ordered: BODY FLD TP, RATTP

Comment: Auto-cancelled after 3 days.

FI1018:C00218R CAN, Coll: 10/18/16-0822 Recd: - (R01972480) BORIKAR, MADHURA S MD

Ordered: TP

Comment: Auto-cancelled after 3 days.

FI1018:C00219R CAN, Coll: 10/18/16-0822 Recd: - (R01972480) BORIKAR, MADHURA S MD

Ordered: (NO REPORTABLE TESTS)

Comment: Auto-cancelled after 3 days.

FI1018:R00012R CAN, Coll: 10/18/16-0822 Recd: - (R01972480) BORIKAR, MADHURA S MD

Ordered: (NO REPORTABLE TESTS)

Comment: Auto-cancelled after 3 days.

FI1019:C00328R CAN, Coll: 10/19/16-1038 Recd: - (R01974248) BORIKAR, MADHURA S MD

Ordered: (NO REPORTABLE TESTS)

Comment: Auto-cancelled after 3 days.

FI16:M0022628S CAN, Coll: 10/19/16-2104 Recd: - (R#01975061) PATEL, SANSKRUTI MD

Ordered: BLOOD CULTURE

Comment: Auto-cancelled after 3 days.

FI16:M0022629S CAN, Coll: 10/19/16-2104 Recd: - (R#01975061) PATEL, SANSKRUTI MD

Ordered: BLOOD CULTURE

Comment: Auto-cancelled after 3 days.

FI1019: U00064S CAN, Coll: 10/19/16-2322 Recd: - (R01975218) PATEL, SANSKRUTI MD

Ordered: URINALYSIS

Comment: Auto-cancelled after 3 days.

FI16:M0022665R CAN, Coll: 10/20/16-1045 Recd: - (R#01975619) MANN, RUPINDER K MD

Ordered: GS

Comment: Auto-cancelled after 3 days.

FI1021:BF00001R CAN, Coll: 10/21/16-0014 Recd: - (R01976565) BORIKAR, MADHURA S MD

Ordered: pH, BODY FLUID, BODY FLD CCDIFF, BODY FLD ALB, GRADALB, BODY FLD TP, FDGLU

Comment: Auto-cancelled after 3 days.

FI1021:C00106R CAN, Coll: 10/21/16-0014 Recd: - (R01976565) BORIKAR, MADHURA S MD

Ordered: ALB

Comment: Auto-cancelled after 3 days.

FI1021:BF00002R CAN, Coll: 10/21/16-0014 Recd: - (R01976566) MANN, RUPINDER K MD

Ordered: BODY FLD ALB, GRADALB, BODY FLD TP, BODY FLD AMYL

Comment: Auto-cancelled after 3 days.

FI1021:C00107R CAN, Coll: 10/21/16-0014 Recd: - (R01976566) MANN, RUPINDER K MD

Ordered: ALB

NAME: EFUNNUGA, OLUTOKUNBO UNIT: F001250247 ACCT: FA1307223089

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MERCY HEALTH SYSTEM LABORATORY MERCY FITZGERALD HOSPITAL 1500 LANSDOWNE AVENUE DARBY, PA 19023 (610)237-4742 SANIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

DOS: 10/07/16 LOC:FI4PVA NAME: EFUNNUGA, OLUTOKUNBO DOB:03/06/1979 ACCT: FA1307223089 MR: F001250247 AGE/SEX:37/M

ATTEND DR: LITTMAN, MARIO, MD

Comment: Auto-cancelled after 3 days.

MERCY FITZGERALD CANCELED SPECIMEN LIST

FI1021:BF00003R CAN, Coll: 10/21/16-0015 Recd: - (R01976567) BORIKAR, MADHURA S MD

Ordered: BODY FLD LDH, RATLDH

Comment: Auto-cancelled after 3 days.

FI1021:C00108R CAN, Coll: 10/21/16-0015 Recd: - (R01976567) BORIKAR, MADHURA S MD

Ordered: LDH

Comment: Auto-cancelled after 3 days.

FI1021:BF00004R CAN, Coll: 10/21/16-0015 Recd: - (R01976568) MANN, RUPINDER K MD

Ordered: pH, BODY FLUID, BODY FLD LDH, RATLDH, BODY FLD TRIG

Comment: Auto-cancelled after 3 days.

FI1021:C00109R CAN, Coll: 10/21/16-0015 Recd: - (R01976568) MANN, RUPINDER K MD

Ordered: LDH

Comment: Auto-cancelled after 3 days.

FI16:M0022714R CAN, Coll: 10/21/16-0015 Recd: - (R#01976569) BORIKAR, MADHURA S MD

Ordered: BODY FLD

Comment: Auto-cancelled after 3 days.

FI16:M0022715R CAN, Coll: 10/21/16-0015 Recd: - (R#01976570) MANN, RUPINDER K MD

Ordered: ANAER

Comment: Auto-cancelled after 3 days.

FI16:A0000178R CAN, Coll: 10/21/16-0015 Recd: - (R#01976570) MANN, RUPINDER K MD

Ordered: AFBCSM

Comment: Auto-cancelled after 3 days.

FI16:MM0000966R CAN, Coll: 10/21/16-0530 Recd: - (R#01976646) GEVORGYAN, DAVID MD

Ordered: LEGUR

Comment: Auto-cancelled after 3 days.

FI1021:R00001R CAN, Coll: 10/21/16-0700 Recd: - (R01976448) GILBERT, MARK, MD

Ordered: (NO REPORTABLE TESTS)

Comment: Auto-cancelled after 3 days.

FI1021:R00064R CAN, Coll: 10/21/16-1459 Recd: - (R01977291) MANN, RUPINDER K MD

Ordered: (NO REPORTABLE TESTS)

Comment: Auto-cancelled after 3 days.

FI16:MM0000967R CAN, Coll: 10/21/16-1549 Recd: - (R#01977338) GEVORGYAN, DAVID MD

Ordered: S.PNEUMO UR AG

Comment: Auto-cancelled after 3 days.

FI16:M0022939R CAN, Coll: 10/24/16-1502 Recd: 10/24/16-1714 (R#01980039) SHARIFF, HAJI M MD

Ordered: SURG. CULTURE

Comment: CANCELLATION REQUEST BY OR/ ORDER OF SPECIMEN WAS OBSERVED

NAME: EFUNNUGA.OLUTOKUNBO UNIT: F001250247

ACCT: FA1307223089

PRINTED: 12/07/16 0001 PAGE: 54 ** CONTINUED ON NEXT PAGE **

MERCY HEALTH SYSTEM LABORATORY MERCY FITZGERALD HOSPITAL 1500 LANSDOWNE AVENUE DARBY, PA 19023 (610)237-4742 SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

NAME: EFUNNUGA, OLUTOKUNBO

DOS: 10/07/16

LOC:FI4PVA

AGE/SEX:37/M

DOB:03/06/1979 ACCT: FA1307223089

MR: F001250247

ATTEND DR: LITTMAN, MARIO, MD

(BY LAB) AS A DUPLICATE OF SPECIMEN FI16:M0022945 SAME SOURCE

MERCY FITZGERALD CANCELED SPECIMEN LIST

FI16:A0000179R CAN, Coll: 10/24/16-1502 Recd: 10/24/16-1728 (R#01980039) SHARIFF, HAJI M MD

Ordered: AFBCSM

Comment: DUPLICATE ORDER

SEE A181 PLEURAL PEEL

FI1025:BG00004R CAN, Coll: 10/25/16-0500 Recd: - (R01980177) IRIARTE OPORTO, BLANCA E MD

Ordered: AEMPNL

Comment: Auto-cancelled after 3 days.

FI1025:C00158R CAN, Coll: 10/25/16-0725 Recd: - (R01980761) IRIARTE OPORTO, BLANCA E MD

Ordered: (NO REPORTABLE TESTS)

Comment: Auto-cancelled after 3 days.

FI1026:C00251S CAN, Coll: 10/26/16-1044 Recd: - (R01982173) REGAN, JOHN E MD

Ordered: (NO REPORTABLE TESTS)

Comment: Auto-cancelled after 3 days.

FI1030:H00048R CAN, Coll: 10/30/16-0628 Recd: 10/30/16-0628 (R01986189) JADHAV, GAURAV P MD

Ordered: CBC

Comment: CLOTTED SPEC, C/MARY

NAME: EFUNNUGA.OLUTOKUNBO UNIT: F001250247

ACCT: FA1307223089

PRINTED: 12/07/16 0001 PAGE: 55 ** END OF REPORT **

Mercy Fitzgerald Hospital **Mercy Health System**

Department of Radiology

1500 Lansdowne Avenue Darby, PA 19023

610-237-4358

Patient:

David P Mayer, MD, MS, FACR, Chairman Oleg Teytelboym, MD, Radiology Director

Gerard Berry, MD Robert Borden, MD

Michael Brooks, MD, JD

Fraser Brown, MD Caroline Ling, MD Stanley Chan, MD Justin Mackey, MD Malgorzata Goralczyk, MD

Scott Rotenberg, MD Laryssa Hud, MD Salmi Simmons, MD

e-Sign Pager: (610)221-1965

EFUNNUGA, OLUTOKUNBO FA1307223089 10/07/16 Acct #: Exam Date: **REG ER** Med Rec #: F001250247 Order #: 1007-0017 Status:

Location: 03/06/1979 Accession #: 970624.001 Date of Birth: Gender: M (000)000-0000 1007-0006 RAD #: Phone #: Report #:

Ordering Physician: HALSTEAD, JEFFREY E MD

CC: DOCTOR, NONE (FAMILY); HALSTEAD, JEFFREY E MD ~

Order Date: 10/07/16 Procedure Reason: ams

Exam: CT Brain WO

*** Signed Status ***

IMPRESSION: 1. No intracranial hemorrhage or acute infarct.

INDICATION: 37 years old; Male. Symptom/Location/Duration: Altered mental status

TECHNIQUE: Unenhanced CT of the head with axial, coronal, sagittal reformats. Comparison: None

FINDINGS:

POSTOPERATIVE CHANGES: None. BRAIN VOLUME: Normal volume for age.

ACUTE INFARCT: No focal hypodensity to suggest acute infarct.

CHRONIC INFARCT: None. MASS LESIONS: None.

WHITE MATTER: White matter is within normal limits.

HEMORRHAGE: No intracranial hemorrhage.

VASCULATURE: No hyperdense vascular thrombus. No calcified intracranial plaque.

MSK: No fractures or soft tissue swelling.

SINUSES/MASTOIDS: Visualized paranasal sinuses are clear. Mastoid air cells are clear. Fluid in the nasal

cavity and nasopharyngeal airway is presumably related to endotracheal intubation.

OTHER: None.

Thank you for choosing Mercy Health System

<Electronically signed by FRASER H BROWN, MD in OV>

Clinical Assistant Professor of Radiology, Drexel Univ. College of Medicine

Interpreting: BROWN, FRASER H MD Dictated: 10/07/16 0813 Signoff: 10/07/16 0814

Case 2:18-cv-00924-PD Document 15-11 Filed 05/03/18 Page 124 of 160

FA1307223089

1007-0024

970623.001

1007-0063

Mercy Fitzgerald Hospital Mercy Health System Department of Radiology

1500 Lansdowne Avenue Darby, PA 19023

610-237-4358

CC:

David P Mayer, MD, MS, FACR, Chairman Oleg Teytelboym, MD, Radiology Director

Gerard Berry, MD Robert Borden, MD Michael Brooks, MD, JD

Acct #:

Order #:

Report #:

Accession #:

Fraser Brown, MD Caroline Ling, MD Stanley Chan, MD Justin Mackey, MD

Exam Date:

Status:

Location:

RAD #:

Malgorzata Goralczyk, MD Scott Rotenberg, MD Salmi Simmons, MD Larvssa Hud, MD

10/07/16

ADM IN

506-01

EFUNNUGA, OLUTOKUNBO Patient: F001250247 Med Rec #:

03/06/1979 Date of Birth: (000)000-0000 Phone #: Ordering Physician:

HALSTEAD, JEFFREY E MD HALSTEAD, JEFFREY E MD ~

Gender: M

Order Date: 10/07/16 Procedure Reason: ams

Exam: CR Chest PORTABLE

*** Signed Status ***

IMPRESSION: Endotracheal tube in satisfactory position. No pneumonia.

INDICATION: 37 years old; Male. Symptom/Location/Duration: Altered mental status, unresponsive.

TECHNIQUE: AP chest radiograph. Comparison: None.

FINDINGS:

LUNGS: Low lung volumes No mass, consolidation, pleural effusion, or pneumothorax.

CARDIOVASCULAR: Heart size is within normal limits.

MEDIASTINUM: No adenopathy. MSK: No acute displaced fracture.

OTHER: Endotracheal tube is in place with the tip approximately 4.8 cm above carina.

Communication code 0: ED preliminary interpretation was not recorded on PACS at the time of the final

report. Final report shows no critical finding.

This study was reviewed with the attending radiologist, Dr. Oleg Teytelboym, who was in agreement.

Thank you for choosing Mercy Health System

<Electronically signed by OLEG M TEYTELBOYM, MD in OV> Clinical Assistant Professor of Radiology, Drexel Univ. College of Medicine

e-Sign Pager: (610)221-0257

Interpreting: HONARMAND, AMIR R MD Dictated: 10/07/16 0947 Signoff: 10/07/16 1104

Mercy Fitzgerald Hospital Mercy Health System

Department of Radiology
1500 Lansdowne Avenue

Darby, PA 19023 610-237-4358 David P Mayer, MD, MS, FACR, Chairman Oleg Teytelboym, MD, Radiology Director

Oleg Teytelboym, MD, Radiology Gerard Berry, MD Robert Borden, MD

Michael Brooks, MD, JD

Fraser Brown, MD Caroline Ling, MD
Stanley Chan, MD Justin Mackey, MD
Malgorzata Goralczyk, MD Scott Rotenberg, M

Malgorzata Goralczyk, MD Scott Rotenberg, MD Laryssa Hud, MD Salmi Simmons, MD

e-Sign Pager: (610)221-0257

EFUNNUGA.OLUTOKUNBO Acct #: FA1307223089 Exam Date: 10/08/16 Patient: ADM IN F001250247 1008-0017 Status: Med Rec #: Order #. Date of Birth: 03/06/1979 506-01 Accession #: 971210.001 Location: Gender: M Report #: 1008-0043 RAD#:

Phone #: (000)000-0000

Ordering Physician: RUSSELL,DAVID T DO

CC: HALSTEAD,JEFFREY E MD ~

Order Date: 10/08/16
Procedure Reason: AMS

Exam: CT Brain W

*** Signed Status ***

IMPRESSION: No intracranial hemorrhage, acute infarct or enhancing mass.

INDICATION: 37 years old; Male. Symptom/Location/Duration: Drug overdose. Altered mental status.

TECHNIQUE: CT of the head with and without contrast with axial, coronal, sagittal reformats. IV contrast (Isovue-370): 100 mL. Comparison: 10/7/2016 head CT.

FINDINGS:

Scout view demonstrates intubated patient. POSTOPERATIVE CHANGES: None. BRAIN VOLUME: Normal volume for age.

ACUTE INFARCT: No focal hypodensity to suggest acute infarct.

CHRONIC INFARCT: None.

MASS LESIONS: No mass or abnormal enhancement. Unchanged bilateral basal ganglia calcifications.

WHITE MATTER: White matter is within normal limits.

HEMORRHAGE: No intracranial hemorrhage. Lack of concurrently performed unenhanced CT precludes

evaluation of trace subarachnoid hemorrhage. VASCULATURE: No calcified intracranial plaque. MSK: No acute fractures or soft tissue swelling.

SINUSES/MASTOIDS: There is minimal paranasal sinus disease. Mastoid air cells are clear.

OTHER: Secretions within the nasal cavity, nasopharynx, oropharynx, presumably on the basis of intubation.

This study was reviewed with the attending radiologist, Dr. Oleg Teytelboym, who was in agreement.

Thank you for choosing Mercy Health System

<Electronically signed by OLEG M TEYTELBOYM, MD in OV>

Clinical Assistant Professor of Radiology, Drexel Univ. College of Medicine

Interpreting: STEINBERGER, AMANDA DO Dictated: 10/08/16 1059 Signoff: 10/08/16 1111

1008-0002

970952.001

1008-0072

Mercy Fitzgerald Hospital Mercy Health System Department of Radiology

1500 Lansdowne Avenue Darby, PA 19023 David P Mayer, MD, MS, FACR, Chairman Oleg Teytelboym, MD, Radiology Director

Oleg Teytelboym, MD, Radiology D
Gerard Berry, MD
Robert Borden, MD

Acct #:

Order #:

Report #:

Accession #:

Fraser Brown, MD
Stanley Chan, MD
Malgorzata Goralczyk, MD

Exam Date:

Status:

RAD #:

Location:

Laryssa Hud, MD

Caroline Ling, MD Justin Mackey, MD Scott Rotenberg, MD

Salmi Simmons, MD

10/08/16

ADM IN 506-01

e-Sign Pager: (610)221-0257

Michael Brooks, MD, JD

610-237-4358

Patient: EFUNNUGA,OLUTOKUNBO
Med Rec #: F001250247

Date of Birth: 03/06/1979
Phone #: (000)000-0000

Ordering Physician: MALIK,AMMAR M MD CC: HALSTEAD,JEFFREY E MD ~

Order Date: 10/07/16
Procedure Reason: y

Exam: CR Chest PORTABLE

*** Signed Status ***

IMPRESSION: Orogastric tube placement with sidehole in the stomach.

Gender: M

INDICATION: 37 years old; Male. Drug overdose. Mechanical ventilation.

TECHNIQUE: AP chest radiograph. Comparison: 10/7/2016 chest x-ray

FINDINGS:

LUNGS: Endotracheal tube tip is 5.3 cm above carina. CARDIOVASCULAR: Heart size is within normal limits.

MEDIASTINUM: Orogastric tube with sidehole in the stomach.

Thank you for choosing Mercy Health System

<Electronically signed by OLEG M TEYTELBOYM, MD in OV>

Clinical Assistant Professor of Radiology, Drexel Univ. College of Medicine

Interpreting: TEYTELBOYM, OLEG M MD Dictated: 10/08/16 1314 Signoff: 10/08/16 1315

1009-0013

971359.001

1009-0057

Mercy Fitzgerald Hospital
Mercy Health System
Department of Radiology

1500 Lansdowne Avenue Darby, PA 19023 Gerard Berry, MD

Robert Borden, MD

Michael Brooks, MD, JD

Acct #:

Order#

Report #:

Accession #:

David P Mayer, MD, MS, FACR, Chairman

Oleg Teytelboym, MD, Radiology Director

Fraser Brown, MD Stanley Chan, MD Malgorzata Goralczyk, MD

Exam Date:

Status:

RAD #.

Location:

Laryssa Hud, MD

Caroline Ling, MD
Justin Mackey, MD
Scott Rotenberg, MD
Salmi Simmons, MD

10/09/16

ADM IN

506-01

e-Sign Pager: (610)221-0257

610-237-4358

CC:

Patient: EFUNNUGA,OLUTOKUNBO
Med Rec #: F001250247

Date of Birth: 03/06/1979
Phone #: (000)000-0000
Ordering Physician: AHANG

)000-0000 AHANGAR,WASEEM MD HALSTEAD,JEFFREY E MD ~

Gender: M

Order Date: 10/09/16

Procedure Reason: ETT tube placement

Exam: CR Chest PORTABLE

*** Signed Status ***

IMPRESSION:

- 1. New patchy opacity within the left lower lobe, which may reflect pulmonary edema given rapid interval development.
- 2. Endotracheal tube and enteric tube in satisfactory positions.

INDICATION: 37 years old; Male. Symptom/Location/Duration: Endotracheal tube placement. Drug overdose.

TECHNIQUE: AP chest radiograph. Comparison: 10/8/2016 chest radiograph.

FINDINGS:

LUNGS: There is a patchy opacity within the left lower lobe which may reflect pulmonary edema given rapid interval development. Possible trace left pleural effusion. No pneumothorax. Endotracheal tube tip beneath the clavicular heads, 4.9 cm above the carina.

CARDIOVASCULAR: Heart size is within normal limits.

MEDIASTINUM: Enteric tube seen coursing beneath the diaphragm, tip not captured on this exam.

MSK: No acute displaced fracture.

OTHER: None.

This study was reviewed with the attending radiologist, Dr. Oleg Teytelboym, who was in agreement.

Thank you for choosing Mercy Health System

<Electronically signed by OLEG M TEYTELBOYM, MD in OV>

Clinical Assistant Professor of Radiology, Drexel Univ. College of Medicine

Interpreting: STEINBERGER, AMANDA DO Dictated: 10/09/16 1033 Signoff: 10/09/16 1143

1010-0009

971388.001

1010-0215

Mercy Fitzgerald Hospital Mercy Health System Department of Radiology

1500 Lansdowne Avenue Darby, PA 19023 David P Mayer, MD,MS,FACR, Chairman
Oleg Teytelboym, MD, Radiology Director
Gerard Berry, MD

Fraser Brown, MD Stanley Chan, MD Malgorzata Goralczyk, MD Laryssa Hud, MD

Exam Date:

Status:

Location:

RAD #.

Caroline Ling, MD
Justin Mackey, MD
Scott Rotenberg, MD
Salmi Simmons, MD

10/10/16

ADM IN

506-01

e-Sign Pager: (610)221-9213

Robert Borden, MD Michael Brooks, MD, JD

Acct #

Order #.

Report #:

Accession #:

610-237-4358

Patient: **EFUNNUGA,OLUTOKUNBO**Med Rec #: **F001250247**

Date of Birth: 03/06/1979 Gender: M
Phone #: (000)000-0000
Ordering Physician: BORIKAR,MADHURA

Ordering Physician: BORIKAR, MADHURA S MD CC: HALSTEAD, JEFFREY E MD ~

Order Date: 10/09/16

Procedure Reason: Altered mental status

Exam: MR Brain W WO

*** Signed Status ***

IMPRESSION: 1. Brain within normal limits.

INDICATION: 37 years old; Male. Symptom/Location/Duration: Change in mental status. Drug overdose. Immunocompromised patient.

TECHNIQUE: Multiplanar MRI brain was performed with and without IV contrast (Gadavist): 10 mL. Comparison: Head CT dated 10/8/2016.

FINDINGS:

POSTOPERATIVE CHANGES: None. BRAIN VOLUME: Normal volume for age.

DIFFUSION WEIGHTED IMAGES: No diffusion restriction to suggest acute infarct.

CHRONIC INFARCT: None.

MASS LESIONS: No abnormal intracranial enhancement WHITE MATTER: White matter is normal in appearance.

HEMORRHAGE: No intracranial hemorrhage.

FLOW VOIDS: There is normal flow-void in the distal vertebral and basilar arteries as well as the distal

internal carotid arteries. This study cannot exclude the presence of an intracranial aneurysm.

BONE MARROW: Bone marrow signal is within normal limits.

SINUSES/MASTOIDS: No abnormal signal in the visualized paranasal sinuses. There is no abnormal signal

within the mastoid air cells.

OTHER: None

Thank you for choosing Mercy Health System

Electronically signed by MICHAEL L BROOKS, MD in OV>Clinical Associate Professor of Radiology, Drexel Univ. College of Medicine

Interpreting: BROOKS, MICHAEL L MD Dictated: 10/10/16 1609 Signoff: 10/10/16 1611

1010-0016

971605.001

1010-0242

Mercy Fitzgerald Hospital Mercy Health System Department of Radiology

1500 Lansdowne Avenue Darby, PA 19023 610-237-4358

David P Mayer, MD, MS, FACR, Chairman Oleg Teytelboym, MD, Radiology Director Gerard Berry, MD

Robert Borden, MD

Michael Brooks, MD, JD

Acct #:

Order #:

Report #:

Accession #:

Stanley Chan, MD Malgorzata Goralczyk, MD

Exam Date:

Status:

RAD#:

Location:

Fraser Brown, MD

Caroline Ling, MD Justin Mackey, MD Scott Rotenberg, MD

10/10/16

ADM IN

506-01

Larvssa Hud, MD Salmi Simmons, MD

e-Sign Pager: 610-221-9217

EFUNNUGA.OLUTOKUNBO Patient: F001250247 Med Rec #:

Date of Birth: 03/06/1979 Gender: M (000)000-0000

Ordering Physician: GOOCH, JOHN R MD HALSTEAD, JEFFREY E MD ~

Order Date: 10/10/16

Procedure Reason: intubated, ett

Exam: CR Chest PORTABLE

*** Signed Status ***

IMPRESSION: .

Phone #:

CC:

- 1. Endotracheal tube tip is 5.7 cm above the carina. No pneumothorax.
- New right lower lobe airspace opacity and increase in left lower lobe airspace opacity, possibly on the basis of pulmonary edema. Loss of left hemidiaphragm may be related to pleural effusion or atelectasis. Could consider mucous plugging in this intubated patient as a cause of atelectasis.

INDICATION: 37 years old; Male. Symptom/Location/Duration: Intubated patient.

TECHNIQUE: AP chest radiograph. Comparison: 10/9/2016 portable chest x-ray, 10/8/2016 portable chest xray.

FINDINGS:

LUNGS: New development of patchy opacities in the right lower lobe. Increased left mid and lower lung opacities. Loss of the left hemidiaphragm, which may be related to pleural effusion or atelectasis of the left lower lobe.

CARDIOVASCULAR: Heart size is within normal limits.

MEDIASTINUM: No adenopathy. MSK: No acute displaced fracture.

OTHER: NG tube coursing beneath the hemidiaphragm. The tip is not visualized. Endotracheal tube is in place with the tip 5.7 cm above the carina.

This study was reviewed with the attending radiologist, Dr. Laryssa Hud, MD, who was in agreement.

Thank you for choosing Mercy Health System

<Electronically signed by LARYSSA M HUD, MD in OV>

Signoff: 10/10/16 1705 Interpreting: HONARMAND, AMIR R MD Dictated: 10/10/16 1529

1011-0003

972014.001

1011-0057

Mercy Fitzgerald Hospital Mercy Health System Department of Radiology

1500 Lansdowne Avenue Darby, PA 19023

610-237-4358

Patient:

Phone #:

David P Mayer, MD, MS, FACR, Chairman Oleg Teytelboym, MD, Radiology Director

Gerard Berry, MD Robert Borden, MD Michael Brooks, MD, JD

Acct #:

Order #:

Report #:

Accession #:

Fraser Brown, MD Caroline Ling, MD Stanley Chan, MD Justin Mackey, MD Malgorzata Goralczyk, MD Scott Rotenberg, MD

Exam Date:

Status:

Location:

RAD #:

Laryssa Hud, MD Salmi Simmons, MD

e-Sign Pager: (610)221-9213

10/11/16

ADM IN 506-01

EFUNNUGA, OLUTOKUNBO F001250247 Med Rec#:

Date of Birth: 03/06/1979 Gender: M (000)000-0000

MALIK, AMMAR M MD Ordering Physician: CC: HALSTEAD, JEFFREY E MD ~

Order Date: 10/10/16 Procedure Reason: ett

Exam: CR Chest PORTABLE

*** Signed Status ***

IMPRESSION:

1. No change in pulmonary edema and left pleural effusion.

Endotracheal tube is in place with the tip about 6.1 cm above the carina, repositioning is recommended.

INDICATION: 37 years old; Male. Symptom/Location/Duration: Intubated patient.

TECHNIQUE: AP chest radiograph. Comparison: 10/10/2016, 10/9/2016 portable chest x-rays.

FINDINGS:

LUNGS: Hypoinflated lungs. No change in bilateral diffuse patchy opacities consistent with pulmonary edema. Left pleural effusion.

CARDIOVASCULAR: Heart size is within normal limits.

MEDIASTINUM: No adenopathy. MSK: No acute displaced fracture.

OTHER: Endotracheal tube is in place with the tip approximately 6.1 cm above the carina. NG tube coursing beneath the hemidiaphragm, the tip is not visualized in the film.

This study was reviewed with the attending radiologist, Dr. Dr. Michael Brooks, MD, who was in agreement.

Thank you for choosing Mercy Health System

<Electronically signed by MICHAEL L BROOKS, MD in OV> Clinical Associate Professor of Radiology, Drexel Univ. College of Medicine

Signoff: 10/11/16 1022 Interpreting: HONARMAND, AMIR R MD Dictated: 10/11/16 0952

Case 2:18-cv-00924-PD Document 15-11 Filed 05/03/18 Page 131 of 160

Mercy Fitzgerald Hospital Mercy Health System Department of Radiology

1500 Lansdowne Avenue Darby, PA 19023 610-237-4358

David P Mayer, MD, MS, FACR, Chairman Oleg Teytelboym, MD, Radiology Director

Acct #:

Order #:

Report #:

Accession #:

Gerard Berry, MD Robert Borden, MD Michael Brooks, MD, JD

FA1307223089

1011-0126

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1012-0093

Fraser Brown MD Caroline Ling, MD Stanley Chan, MD Justin Mackey, MD Malgorzata Goralczyk, MD Scott Rotenberg, MD

Exam Date:

Status:

Location:

RAD #:

Larvssa Hud, MD Salmi Simmons, MD

10/11/16

ADM IN

506-01

EFUNNUGA, OLUTOKUNBO Patient: F001250247 Med Rec #:

Date of Birth: 03/06/1979 Gender: M Phone #: (000)000-0000 Ordering Physician:

MALIK, AMMAR M MD HALSTEAD, JEFFREY E MD ~

CC: Order Date: 10/11/16

Procedure Reason: verify picc tip

Exam: CR Chest PORTABLE

*** Signed Status ***

IMPRESSION:

Interval placement of a left upper extremity PICC line with its tip in the region of the cavoatrial junction.

INDICATION: 37 years old; Male. Symptom/Location/Duration: Status post PICC line placement.

TECHNIQUE: AP chest radiograph. Comparison: 10/11/2016

FINDINGS:

LUNGS: Mild pulmonary edema unchanged. Small bilateral pleural effusions. There is an endotracheal tube with its tip above the carina in good position.

CARDIOVASCULAR: Heart size is within normal limits.

MEDIASTINUM: No adenopathy.

MSK: No acute displaced fracture.

OTHER: There is an NG tube with its tip located below the left hemidiaphragm. There is a left upper extremity PICC line with its tip in the region of the cavoatrial junction.

Thank you for choosing Mercy Health System

<Electronically signed by JUSTIN E MACKEY, MD in OV>

Clinical Assistant Professor of Radiology, Drexel Univ. College of Medicine

e-Sign Pager: (610)221-9376

Interpreting: MACKEY, JUSTIN E MD Dictated: 10/12/16 1109 Signoff: 10/12/16 1110

1012-0001

972318.001

1012-0094

Mercy Fitzgerald Hospital **Mercy Health System** Department of Radiology

1500 Lansdowne Avenue Darby, PA 19023

David P Mayer, MD, MS, FACR, Chairman Oleg Teytelboym, MD, Radiology Director

Gerard Berry, MD

Robert Borden, MD

Acct #:

Order#

Report #:

Accession #:

Stanley Chan, MD Malgorzata Goralczyk, MD Laryssa Hud, MD

Exam Date:

Status:

RAD#

Location:

Fraser Brown MD

Caroline Ling MD Justin Mackey, MD Scott Rotenberg, MD Salmi Simmons, MD

10/12/16

ADM IN

506-01

e-Sign Pager: 610-221-9217

Michael Brooks, MD, JD 610-237-4358

EFUNNUGA.OLUTOKUNBO Patient: F001250247 Med Rec #: Date of Birth: 03/06/1979 Gender: M Phone #: (000)000-0000 Ordering Physician:

BHARGAVA, SURBHIMD HALSTEAD, JEFFREY E MD ~ 10/11/16

Procedure Reason: to look for infiltrates

Exam: CR Chest PORTABLE

*** Signed Status ***

IMPRESSION:

CC: Order Date:

Slight worsening of pulmonary edema.

INDICATION: 37 years old; Male. Symptom/Location/Duration: Looking for infiltrate, history of drug overdose.

TECHNIQUE: AP chest radiograph. Comparison: 10/11/2016, 10/10/2016 portable chest x-rays.

FINDINGS:

LUNGS: No significant change in left lower lobe airspace opacity. Increased right lower lobe airspace opacity. Increased small right pleural effusion. No change in moderate left pleural effusion. No pneumothorax. CARDIOVASCULAR: Heart size is within normal limits.

MEDIASTINUM: No adenopathy. MSK: No acute displaced fracture.

OTHER: Endotracheal tube is in place with the tip 4.6 cm above the carina. NG tube coursing below the hemidiaphragms, side-port overlying the region of the stomach, the tip is not visualized.

This study was reviewed with the attending radiologist, Dr. Laryssa Hud, MD, who was in agreement.

Thank you for choosing Mercy Health System

<Electronically signed by LARYSSA M HUD, MD in OV>

Interpreting: HONARMAND, AMIR R MD Dictated: 10/12/16 0926 Signoff: 10/12/16 1111

Mercy Fitzgerald Hospital Mercy Health System Department of Radiology

1500 Lansdowne Avenue Darby, PA 19023 610-237-4358

David P Mayer, MD.MS.FACR, Chairman Oleg Teytelboym, MD, Radiology Director

Stanley Chan, MD Gerard Berry, MD Malgorzata Goralczyk, MD Larvssa Hud. MD Robert Borden, MD

FA1307223089

1013-0001

973344.001

1013-0072

Fraser Brown, MD

Exam Date:

Status:

Location:

RAD #.

Caroline Ling, MD

Justin Mackey, MD

Scott Rotenberg, MD

Salmi Simmons, MD

10/13/16

ADM IN

506-01

Michael Brooks, MD, JD

Acct #:

Order #:

Report #:

Accession #:

EFUNNUGA, OLUTOKUNBO Patient: F001250247 Med Rec #:

03/06/1979 Date of Birth: Gender: M Phone #: (000)000-0000

Ordering Physician: MALIK, AMMAR M MD HALSTEAD, JEFFREY E MD ~

Order Date: 10/12/16

Procedure Reason: ETT placement verification

Exam: CR Chest PORTABLE

*** Signed Status ***

IMPRESSION:

CC:

No interval change in pulmonary edema.

Endotracheal tube is in place with the tip 6.45 cm above the carina.

INDICATION: 37 years old; Male. Symptom/Location/Duration: Endotracheal tube placement verification.

TECHNIQUE: AP chest radiograph. Comparison: 10/12/2016, 10/11/2016 portable chest x-rays.

FINDINGS:

LUNGS: No interval change in diffuse vascular markings and airspace opacities. Left lower lobe consolidation not excluded. Small bilateral pleural effusion. No mass, consolidation, or pneumothorax. CARDIOVASCULAR: Heart size is within normal limits.

MEDIASTINUM: No adenopathy. MSK: No acute displaced fracture.

OTHER: Endotracheal tube is in place with the tip approximately 6.45 cm above the carina. NG tube coursing below the hemidiaphragm, the tip is not visualized.

This study was reviewed with the attending radiologist, Dr. Dr. Michael Brooks, MD, who was in agreement.

Thank you for choosing Mercy Health System

<Electronically signed by MICHAEL L BROOKS, MD in OV> Clinical Associate Professor of Radiology, Drexel Univ. College of Medicine

e-Sign Pager: (610)221-9213

Interpreting: HONARMAND, AMIR R MD Dictated: 10/13/16 1008

Signoff: 10/13/16 1057

1014-0002

974019.001

1014-0077

Mercy Fitzgerald Hospital Mercy Health System

Department of Radiology

1500 Lansdowne Avenue Darby, PA 19023 610-237-4358 David P Mayer, MD,MS,FACR, Chairman Oleg Teytelboym, MD, Radiology Director

Stanley Chan, MD

Malgorzata Goralczyk, MD

Laryssa Hud, MD

Exam Date:

Status:

Location:

RAD #:

Fraser Brown, MD

Caroline Ling, MD

Justin Mackey, MD

Scott Rotenberg, MD

Salmi Simmons, MD

10/14/16

ADM IN

506-01

e-Sign Pager: (610)221-0257

Robert Borden, MD Michael Brooks, MD, JD

Acct #:

Order #:

Report #:

Accession #:

Gerard Berry, MD

Michael Brooks, MD,

Patient:

EFUNNUGA,OLUTOKUNBO F001250247

Med Rec #: **F001250247**Date of Birth: 03/06/1979 Gender: M
Phone #: (000)000-0000

Phone #: (000)000-0000

Ordering Physician: MALIK,AMMAR M MD

CC: HALSTEAD,JEFFREY E MD ~

Order Date: 10/13/16 **Procedure Reason:** y

Exam: CR Chest PORTABLE

*** Signed Status ***

IMPRESSION: Unchanged since last exam.

INDICATION: 37 years old; Male. Drug overdose.

TECHNIQUE: AP chest radiograph. Comparison: 10/13/2016 chest x-ray

FINDINGS:

LUNGS: Endotracheal tube tip is 5.3 cm above carina. Mild pulmonary vascular congestion and small pleural effusions, unchanged.

CARDIOVASCULAR: Left-sided PICC line with tip in right atrium or ventricle

MEDIASTINUM: Orogastric tube with tip below the level of the film.

Thank you for choosing Mercy Health System

<Electronically signed by OLEG M TEYTELBOYM, MD in OV>

Clinical Assistant Professor of Radiology, Drexel Univ. College of Medicine

Interpreting: TEYTELBOYM, OLEG M MD Dictated: 10/14/16 1051 Signoff: 10/14/16 1053

1014-0047

974586.001

1014-0224

Mercy Fitzgerald Hospital Mercy Health System

Department of Radiology 1500 Lansdowne Avenue

Darby, PA 19023 610-237-4358

David P Mayer, MD, MS, FACR, Chairman Oleg Teytelboym, MD, Radiology Director

Accession #:

Report #:

Gerard Berry, MD Robert Borden, MD

Michael Brooks, MD, JD

Caroline Ling, MD Fraser Brown, MD Stanley Chan, MD Malgorzata Goralczyk, MD

Exam Date:

Status:

RAD #:

Location:

Justin Mackey, MD Scott Rotenberg, MD

10/14/16

ADM IN

506-01

Larvssa Hud, MD Salmi Simmons, MD

e-Sign Pager: (888)966-9716

EFUNNUGA, OLUTOKUNBO Acct #: Patient: F001250247 Med Rec #: Order #:

Date of Birth: 03/06/1979 Gender: M Phone #: (000)000-0000 Ordering Physician: BHARGAVA, SUR BHI MD

HALSTEAD, JEFFREY EMD ~ CC: Order Date: 10/14/16

Procedure Reason: to r/o DVT

Exam: US Duplex Venous Study Bilat

*** Signed Status ***

IMPRESSION: Ultrasound of bilateral lower extremity deep veins shows no DVT.

INDICATION: 37 years old: Male. Symptom/Location/Duration: HIV, glaucoma, unconscious. Drug overdose. Bilateral lower extremity swelling x 10 days. Patient on ventilator.

TECHNIQUE: Ultrasound of bilateral common femoral, superficial femoral, popliteal veins and common femoral/saphenous vein junctions with 2-D grayscale, color Doppler and pulsed Doppler techniques. Comparison: None.

FINDINGS:

Vessels are patent. Normal compressibility and color flow throughout. Normal response to augmentation. Normal respiratory phasicity.

Thank you for choosing Mercy Health System

<Electronically signed by DAVID P MAYER, MD in OV>

Clinical Professor of Radiology, Drexel Univ. College of Medicine

Interpreting: MAYER, DAVID P MD Dictated: 10/14/16 1538 Signoff: 10/14/16 1539

Mercy Fitzgerald Hospital Mercy Health System Department of Radiology

1500 Lansdowne Avenue Darby, PA 19023 610-237-4358 David P Mayer, MD, MS, FACR, Chairman Oleg Teytelboym, MD, Radiology Director

Oleg Teytelboym , MD , Radiology Director Stanley C
Gerard Berry , MD Malgorza
Robert Borden , MD Laryssa F
Michael Brooks , MD , JD

Fraser Brown, MD Caroline Ling, MD
Stanley Chan, MD Justin Mackey, MD
Malgorzata Goralczyk, MD Scott Rotenberg, MD

Laryssa Hud, MD Salmi Simmons, MD

e-Sign Pager: (610)221-9376

Exam Date:

Status:

Location:

RAD #:

10/15/16

ADM IN

506-01

 Patient:
 EFUNNUGA,OLUTOKUNBO
 Acct #:
 FA1307223089

 Med Rec #:
 F001250247
 Order #:
 1015-0008

 Date of Birth:
 03/06/1979
 Gender: M
 Accession #:
 974821.001

Phone #: (000)000-0000 Report #: 1015-0052
Ordering Physician: MALIK.AMMAR M MD

Ordering Physician: MALIK,AMMAR M MD CC: HALSTEAD,JEFFREY E MD ~

Order Date: 10/14/16

Procedure Reason: ett placement confirmation

Exam: CR Chest PORTABLE

*** Signed Status ***

IMPRESSION:

1. Small to moderate right and small left pleural effusions unchanged. Right lower lung consolidation which may be due to atelectasis or pneumonia and is unchanged.

INDICATION: 37 years old; Male. Symptom/Location/Duration: Endotracheal tube evaluation.

TECHNIQUE: AP chest radiograph. Comparison: 10/14/2016

FINDINGS:

LUNGS: Small right pleural effusion unchanged. Right lower lung consolidation unchanged. Small left pleural effusion unchanged. Endotracheal tube tip 6 to 7 cm above the carina unchanged.

CARDIOVASCULAR: Heart size is within normal limits.

MEDIASTINUM: No adenopathy. MSK: No acute displaced fracture.

OTHER: There is a left upper extremity PICC line with its tip in the region of the right atrium. There is an NG tube with its tip located below the left hemidiaphragm.

Thank you for choosing Mercy Health System

<Electronically signed by JUSTIN E MACKEY, MD in OV>

Clinical Assistant Professor of Radiology, Drexel Univ. College of Medicine

Interpreting: MACKEY, JUSTIN E MD Dictated: 10/15/16 1221 Signoff: 10/15/16 1226

Mercy Fitzgerald Hospital Mercy Health System Department of Radiology

1500 Lansdowne Avenue Darby, PA 19023

610-237-4358

David P Mayer, MD, MS, FACR, Chairman
Oleg Textelboym, MD, Radiology Director

Gerard Berry, MD
Robert Borden, MD

Michael Brooks, MD, JD

Fraser Brown, MD Caroline Ling, MD
Stanley Chan, MD Justin Mackey, MD
Malgorzata Goralczyk, MD Scott Rotenberg, MD

Laryssa Hud, MD Salmi Simmons, MD

e-Sign Pager: (610)221-9376

EFUNNUGA, OLUTOKUNBO 10/16/16 Patient: Acct #: FA1307223089 Exam Date: F001250247 Med Rec #: Order #: 1016-0003 Status: ADM IN 506-01 03/06/1979 975085.001 Location: Date of Birth: Gender: M Accession #:

Phone #: (000)000-0000 Report #: 1016-0068 RAD #:

Ordering Physician: AHANGAR, WASEEM MD CC: HALSTEAD, JEFFREY E MD ~

Order Date: 10/15/16

Procedure Reason: right sided consolidation

Exam: CR Chest PORTABLE

*** Signed Status ***

IMPRESSION:

- 1. Large loculated right pleural effusion unchanged. Consolidation throughout the right lung which may reflect pneumonia is also unchanged.
- 2. Interval removal of ET and NG tubes.

INDICATION: 37 years old; Male. Symptom/Location/Duration: Right-sided consolidation for follow-up.

TECHNIQUE: AP chest radiograph. Comparison: 10/15/2016

FINDINGS:

LUNGS: Large loculated right pleural effusion and right lung consolidation unchanged. Left lung is clear. CARDIOVASCULAR: Heart size is within normal limits.

MEDIASTINUM: No adenopathy. MSK: No acute displaced fracture.

OTHER: Interval removal of ET and NG tubes. There is a left upper extremity PICC line with its tip in the region of the right atrium unchanged.

Thank you for choosing Mercy Health System

<Electronically signed by JUSTIN E MACKEY, MD in OV>

Clinical Assistant Professor of Radiology, Drexel Univ. College of Medicine

Interpreting: MACKEY, JUSTIN E MD Dictated: 10/16/16 1221 Signoff: 10/16/16 1227

1018-0119

976512.001

1018-0283

Mercy Fitzgerald Hospital Mercy Health System Department of Radiology

1500 Lansdowne Avenue Darby, PA 19023 610-237-4358 David P Mayer, MD, MS, FACR, Chairman Oleg Teytelboym, MD, Radiology Director

Oleg Teytelboym, MD, Radiology Director Gerard Berry, MD Robert Borden, MD Michael Brooks, MD, JD

Acct #:

Order#:

Report #:

Accession #:

Fraser Brown, MD Caroline Ling, MD
Stanley Chan, MD Justin Mackey, MD
Malgorzata Goralczyk, MD Scott Rotenberg, MD

Exam Date:

Status:

Location:

RAD #:

Malgorzata Goralczyk, MD Scott Rotenberg, MD
Laryssa Hud, MD Salmi Simmons, MD

e-Sign Pager: 610-221-0755

10/18/16

ADM IN

506-01

Patient: EFUNNUGA,OLUTOKUNBO
Med Rec #: F001250247

Date of Birth: 03/06/1979
Phone #: (000)000-0000
Ordering Physician: GOOC

cian: GOOCH,JOHN R MD HALSTEAD,JEFFREY E MD ~

Gender: M

Order Date: 10/18/16

Procedure Reason: s/p daubav

Exam: CR Chest PORTABLE

*** Signed Status ***

IMPRESSION: Dobbhoff tube terminates in stomach. Large right loculated pleural effusion slightly increased from prior imaging. Associated right-sided opacities may reflect atelectasis, however, underlying pneumonia is not excluded.

INDICATION: 37 years old; Male. Symptom/Location/Duration: Dobbhoff tube placement

TECHNIQUE: AP chest radiograph. Comparison: Chest radiograph performed 10/16/2016

FINDINGS:

CC:

LUNGS: Large loculated right pleural effusion, mildly increased from prior imaging. No pneumothorax. Additional opacities involve the right mid and lower lung. Left lung is grossly clear.

CARDIOVASCULAR: Heart size is within normal limits. The left upper extremity PICC likely terminates in the right atrium, however, evaluation is suboptimal given patient obliquity.

MEDIASTINUM: No adenopathy. MSK: No acute displaced fracture.

OTHER: A weighted feeding tube terminates in the stomach.

Thank you for choosing Mercy Health System

<Electronically signed by SCOTT E ROTENBERG, MD in OV>

Clinical Assistant Professor of Radiology, Drexel Univ. College of Medicine

Interpreting: ROTENBERG, SCOTT E MD Dictated: 10/18/16 1634 Signoff: 10/18/16 1636

Mercy Fitzgerald Hospital Mercy Health System Department of Radiology

1500 Lansdowne Avenue Darby, PA 19023 610-237-4358 David P Mayer, MD, MS, FACR, Chairman Oleg Teytelboym, MD, Radiology Director

Gerard Berry, MD Robert Borden, MD Michael Brooks, MD, JD Fraser Brown, MD Caroline Ling, MD
Stanley Chan, MD Justin Mackey, MD
Malgorzata Goralczyk, MD Scott Rotenberg, M

Malgorzata Goralczyk, MD Scott Rotenberg, MD
Laryssa Hud, MD Salmi Simmons, MD

e-Sign Pager: (610)221-0007

EFUNNUGA, OLUTOKUNBO Patient: Acct #: FA1307223089 Exam Date: 10/18/16 F001250247 Med Rec#: Order #: 1018-0057 Status: ADM IN 506-01 Date of Birth: 03/06/1979 Gender: M Accession #: 976548.001 Location: (000)000-0000 Phone # Report #: 1018-0299 RAD #.

Ordering Physician: LITTMAN,MARIO, MD
CC: HALSTEAD, JEFFREY E MD ~

Order Date: 10/18/16

Procedure Reason: EVALUATE RT PLEURAL EFFUSION FOR POSSIBLE DRAINAGE

Exam: US Chest

*** Signed Status ***

IMPRESSION:

- 1. Ultrasound examination showed only a small to moderate-sized loculated right pleural effusion.
- 2. The patient could not remain still. He was somewhat combative and was coughing vigorously. Therefore thoracentesis for this small amount of effusion was deemed unsafe at this time. If still indicated, please reconsult and the procedure can be performed under sedation.

Procedure: Right thoracentesis.

History: 37 years old; Male. Symptom/Location/Duration: HIV, glaucoma, unconscious. Drug overdose. Bilateral lower extremity swelling x 10 days. Patient recently extubated. Chest x-ray showed a loculated right pleural effusion as well as consolidation. Ultrasound-guided diagnostic and therapeutic right thoracentesis has been requested.

Comments: The procedure, risks, benefits and alternatives were explained to the patient's mother (Fheree Mobley) who expressed understanding and gave witnessed, verbal/telephone informed consent.

The patient was identified and placed in the left lateral decubitus position. The patient was noted to be somewhat combative and coughing vigorously. Real-time ultrasound examination was performed over the right hemithorax showing only a small to moderate-sized loculated pleural effusion. In view of the patient's inability to hold still and the small size of the effusion, thoracentesis was not performed. If still indicated, it can be performed with sedation. Permanent ultrasound images were recorded.

Thank you for choosing Mercy Health System

<Electronically signed by SALMI SIMMONS, MD in OV> Clinical Assistant Professor of Radiology, Drexel Univ. College of Medicine

Interpreting: SIMMONS, SALMI MD Dictated: 10/18/16 1656 Signoff: 10/18/16 1705

Mercy Fitzgerald Hospital Mercy Health System Department of Radiology

1500 Lansdowne Avenue Darby, PA 19023 610-237-4358 David P Mayer, MD, MS, FACR, Chairman Oleg Teytelboym, MD, Radiology Director Gerard Berry, MD Robert Borden, MD

Fraser Brown, MD Caroline Ling, MD
Stanley Chan, MD Justin Mackey, MD
Malgorzata Goralczyk, MD Scott Rotenberg, MD
Laryssa Hud, MD Salmi Simmons, MD

EFUNNUGA, OLUTOKUNBO Patient: Acct #: FA1307223089 Exam Date: 10/19/16 F001250247 Med Rec #: Order #. 1019-0018 Status: ADM IN 976198.001 506-01 03/06/1979 Date of Birth: Gender: M Accession #: Location: 1019-0169 RAD #. Report #:

Michael Brooks, MD, JD

Phone #: (000)000-0000

Ordering Physician: GOOCH,JOHN R MD

CC: HALSTEAD,JEFFREY E MD ~

Order Date: 10/18/16

Procedure Reason: abd pain, elv lft

Exam: US Liver

*** Signed Status ***

IMPRESSION:

- 1. Technically difficult, bedside study performed in a bright room. There is no sonographic evidence of cholecystitis or gallstones.
- 2. A subcentimeter echodense lesion within the anterior segment of the right hepatic lobe, probably hemangioma measuring 6 x 7 x 7 mm. This can be confirmed with routine outpatient abdominal MRI. 3. No right hydronephrosis.

INDICATION: 37 years old; Male. Symptom/Location/Duration: Abdominal pain. Elevated LFTs. HIV.

TECHNIQUE: A limited right upper quadrant ultrasound was performed at bedside with real-time 2-D gravscale and color Doppler techniques. COMPARISON: None

FINDINGS:

Right pleural effusion is present.

LIVER: Measures 181 mm in length which is within normal limits. Overall echotexture of the liver is within normal limits. The liver surface is smooth without nodularity. There is a round echodense lesion in the anterior segment of the right hepatic lobe measuring $6 \times 7 \times 7$ mm. No bile duct dilatation.

GALLBLADDER: Wall- 2 mm (normal is 3 mm or less). No shadowing stone, sludge, or pericholecystic fluid. The performing sonographer reported a negative sonographic Murphy's sign.

Common duct: 2 mm. No filling defect in the visualized CBD.

PANCREAS: No masses are seen in the head or the body of the pancreas. Pancreatic tail not visualized.. RIGHT KIDNEY: Measures 118 x 57 x 44 mm. No hydronephrosis.

Thank you for choosing Mercy Health System

<Electronically signed by ROBERT F BORDEN, DO in OV>
e-Sign Pager: (610)221-0286

Interpreting: BORDEN, ROBERT F DO Dictated: 10/19/16 1238 Signoff: 10/19/16 1258

1019-0153

977474.001

1020-0133

Mercy Fitzgerald Hospital Mercy Health System Department of Radiology

1500 Lansdowne Avenue Darby, PA 19023 610-237-4358

David P Mayer, MD, MS, FACR, Chairman Oleg Teytelboym, MD, Radiology Director Gerard Berry, MD

Fraser Brown, MD Stanley Chan, MD Malgorzata Goralczyk, MD Laryssa Hud, MD

Exam Date:

Status:

Location:

RAD #:

Caroline Ling, MD Justin Mackey, MD Scott Rotenberg, MD

Salmi Simmons, MD

10/19/16

ADM IN

506-01

e-Sign Pager: (610)221-9213

Robert Borden, MD Michael Brooks, MD, JD

Acct #:

Order #:

Report #:

Accession #:

EFUNNUGA, OLUTOKUNBO Patient: F001250247 Med Rec #:

03/06/1979 Gender: M

(000)000-0000 PATEL.SANSKRUTI MD Ordering Physician: HALSTEAD, JEFFREY E MD ~

10/19/16

Procedure Reason: dobhoff tube placement

Exam: CR Chest PORTABLE

*** Signed Status ***

IMPRESSION:

Date of Birth:

Phone #:

CC. Order Date:

- 1. Dobbhoff tube coursing below the left hemidiaphragm and projecting along the greater curvature of the stomach with the tip at the pyloric antrum.
- 2. Unchanged hazy opacities in the right mid and lower lung, likely atelectasis; however underlying pneumonia is not excluded. Both lung apices are not excluded including the field-of-view.

INDICATION: 37 years old; Male. Symptom/Location/Duration: Dobbhoff tube placement.

TECHNIQUE: AP chest radiograph. The apices of both lungs are not included in the field-of-view. Comparison: Multiple chest radiographs, most recent one dated 10/18/2016.

FINDINGS:

LUNGS: Large loculated right pleural effusion, similar to prior chest x-ray. Hazy opacities in the right mid and lower lung. No pneumothorax in the visualized lung.

CARDIOVASCULAR: Heart size is within normal limits. Left upper extremity PICC line projects over the right atrium.

MEDIASTINUM: No adenopathy. MSK: No acute displaced fracture.

OTHER: Dobbhoff tube coursing below the left hemidiaphragm and projecting along the greater curvature of the stomach with the tip at the pyloric antrum. This is appropriately positioned.

The preliminary results of the study were discussed with intern/resident taking care of the patient in the ICU at 10/19/2016 11:21 PM. The study was reviewed with the attending radiologist Dr. Dr. Michael Brooks, MD, who is in agreement. .

Thank you for choosing Mercy Health System

<Electronically signed by MICHAEL L BROOKS, MD in OV>

Clinical Associate Professor of Radiology, Drexel Univ. College of Medicine

Interpreting: SCHULERI, KARL HEINZ MD Dictated: 10/20/16 0432 Signoff: 10/20/16 1141

1020-0008

977911.001

1020-0305

Mercy Fitzgerald Hospital **Mercy Health System** Department of Radiology

1500 Lansdowne Avenue Darby, PA 19023

Gerard Berry, MD Robert Borden, MD

David P Mayer, MD, MS, FACR, Chairman

Oleg Teytelboym, MD, Radiology Director

Fraser Brown, MD Caroline Ling, MD Stanley Chan, MD Malgorzata Goralczyk, MD Larvssa Hud, MD

Exam Date:

Status:

RAD #

Location:

Justin Mackey, MD Scott Rotenberg, MD Salmi Simmons, MD

10/20/16

ADM IN

506-01

Michael Brooks, MD, JD

Acct #:

Order #.

Report #:

Accession #:

610-237-4358

CC:

EFUNNUGA, OLUTOKUNBO Patient: F001250247 Med Rec #: Date of Birth: 03/06/1979 Gender: M (000)000-0000 Phone #:

LITTMAN,MARIO, MD Ordering Physician: HALSTEAD, JEFFREY E MD ~

Order Date: 10/20/16

Procedure Reason: RT PLEURAL EFFUSION

Exam: Drainage Proc Perc Major

*** Signed Status ***

Impression: Ultrasound-guided right thoracentesis yielding 2 mL of serous fluid. A small pleural effusion was present and complete drainage is not possible due to loculation.

Procedure: Ultrasound guided right thoracentesis.

History: 37 year-old male patient with right pleural effusion

Comments: The patient was identified. The procedure, risks, benefits and alternatives were explained to the patient who expressed understanding and signed an informed consent.

The patient was placed in the left decubitus position. Timeout verification was performed. Real-time ultrasound examination over the right hemithorax confirmed a small loculated pleural effusion. A permanent ultrasound image was recorded.

Maximum sterile barrier technique including cap, mask, gown and gloves, as well as a large sterile sheath was used. Appropriate hand hygiene was performed. The right side of the posterior chest wall was prepped using 2% chlorhexidine for cutaneous antisepsis and draped in the usual sterile fashion.

2% lidocaine was used for local anesthesia. Under ultrasound guidance, the right pleural effusion was accessed using an 18 gauge Yueh needle. 2 mL of serous fluid were drained. Specimens were submitted for laboratory analysis. The patient tolerated the procedure well.

Thank you for choosing Mercy Health System

<Electronically signed by GERARD T BERRY, MD in OV>

e-Sign Pager: (610) 221-5967

Interpreting: BERRY, GERARD T MD Dictated: 10/20/16 1637 Signoff: 10/20/16 1638

Mercy Fitzgerald Hospital Mercy Health System Department of Radiology

1500 Lansdowne Avenue Darby, PA 19023 610-237-4358

David P Mayer, MD, MS, FACR, Chairman Oleg Teytelboym, MD, Radiology Director Gerard Berry, MD Robert Borden, MD

Fraser Brown, MD Caroline Ling, MD Stanley Chan, MD Malgorzata Goralczyk, MD Laryssa Hud, MD

e-Sign Pager: (610)221-9376

Justin Mackey, MD Scott Rotenberg, MD Salmi Simmons, MD

EFUNNUGA, OLUTOKUNBO Patient: Acct #: FA1307223089 Exam Date: 10/20/16 F001250247 Med Rec #: Order #. 1020-0034 Status: ADM IN 03/06/1979 977850.001 506-01 Accession #: Location: Date of Birth: Gender: M Report #: 1020-0317 RAD #:

Michael Brooks, MD, JD

Phone #: (000)000-0000 Ordering Physician: CHOWDHURY.JUNAD MD

HALSTEAD, JEFFREY E MD ~ CC: Order Date: 10/20/16

Procedure Reason: fevers, rule out empyema

Exam: CT Chest W

*** Signed Status ***

IMPRESSION:

- Extensive consolidation throughout bilateral lower lobes most concerning for aspiration.
- 2. Small cavitary component in left lower lobe. Large cavitary component in superior segment of the right lower lobe measuring up to 6.4 cm. Underlying bronchopleural fistula is not excluded. Recommend shortterm follow-up with chest CT.
- 3. Small to moderate loculated right effusion with underlying hydropneumothorax from recently performed thoracentesis. The pleural effusion could be parapneumonic or could represent empyema. Correlate with the result of recently performed thoracentesis.

INDICATION: 37 years old; Male. Symptom/Location/Duration: Right-sided chest pain and fever, suspect empyema. Past medical history of HIV. Patient is status post right thoracentesis performed today.

TECHNIQUE: CT CHEST; axial, coronal, sagittal, MIP reformats. Contrast IV (Isovue-370): 64 ml. Comparison: Multiple prior chest x-rays dating back to 10/7/2016, the most recent 10/19/2016.

FINDINGS:

LOWER NECK: No thyroid nodule or adenopathy.

MEDIASTINUM: Right upper paratracheal adenopathy measuring 2.2 x 1.4 cm (series 3 image 16).

PULMONARY ARTERIES: No central PE. Main PA: Normal size, 2.9 cm (normal <3 cm).

THORACIC AORTA: Normal size, 2.2 cm max diameter (normal male ascending <4 cm; descending <3 cm). Aortic valve: No leaflet calcifications.

HEART: Coronary arteries: No calcified plaque. Left atrium: Normal size, 6 cm transverse diameter (normal <7.3 cm). Trace pericardial effusion. Left-sided PICC line terminates in right atrium.

LUNGS/AIRWAYS/PLEURA: Mild emphysema. Small to moderate right loculated pleural effusion with gas within the pleural space representing hydropneumothorax from recently performed thoracentesis. Extensive consolidation throughout bilateral lower lobes most concerning for aspiration. There is a small cavitary component in left lower lobe measuring 2.6 cm. There is a larger cavitary component involving the superior segment of the right lower lobe measuring up to 6.4 cm. Few scattered nodules throughout both lungs likely part of the same process.

UPPER ABDOMEN: No free air or ascites in visualized abdomen. Partially visualized feeding tube with the tip below the diaphragm.

MSK: No fracture or malalignment. No lytic or blastic lesions.

This study was reviewed with the attending radiologist Dr. Justin Mackey, who is in agreement.

Thank you for choosing Mercy Health System

<Electronically signed by JUSTIN E MACKEY, MD in OV> Clinical Assistant Professor of Radiology, Drexel Univ. College of Medicine

SCHEDULING: (610) 237-2525 PATIENT IMAGES or REPORTS: (610) 237-4358

Page 2 of 2

Mercy Fitzgerald Hospital Mercy Health System Department of Radiology

1500 Lansdowne Avenue Darby, PA 19023 610-237-4358

Patient:

Med Rec#:

Date of Birth:

David P Mayer, MD,MS,FACR, Chairman
Oleg Teytelboym, MD, Radiology Director
Gerard Berry, MD
Robert Borden, MD

Michael Brooks, MD, JD

Frazier Brown, MD Caroline Ling, MD
Stanley Chan, MD Justin Mackey, MD
Malgorzata Goralczyk, MD Scott Rotenberg, MD
Laryssa Hud, MD Salmi Simmons, MD

EFUNNUGA, OLUTOKUNBO Acct #: FA 1307223089 Exam Date: 10/20/16 F001250247 Order #: 1020-0034 Status: ADM IN 03/06/1979 Gender: M Accession #: 977850.001 Location: 506-01 (000)000-0000 Report #: 1020-0317 RAD #:

Phone #: (000)000-0000
Ordering Physician: CHOWDHURY,JUNAD MD
CC: HALSTEAD,JEFFREY E MD ~

Order Date: 10/20/16

Interpreting: ZIAI, POUYA MD Dictated: 10/20/16 1558 Signoff: 10/20/16 1700

1500 Lansdowne Avenue Darby, PA 19023

610-237-4358

Date of Birth:

David P Mayer, MD, MS, FACR, Chairman Oleg Teytelboym, MD, Radiology Director

Michael Brooks, MD, JD

Gerard Berry, MD Robert Borden, MD

Stanley Chan, MD Justin Mackey, MD Malgorzata Goralczyk, MD Scott Rotenberg, MD Larvssa Hud, MD Salmi Simmons, MD

Fraser Brown, MD

EFUNNUGA.OLUTOKUNBO Patient: F001250247 Med Rec #:

03/06/1979 Gender: M (000)000-0000

Order #: Accession #: Report #:

Acct #:

FA1307223089 1021-0044 978461.001 1021-0137

Exam Date: Status: Location: RAD #:

e-Sign Pager: (610)221-1965

10/21/16 ADM IN 506-01

Caroline Ling, MD

Phone #: HOWLAND, AMANDA R MD Ordering Physician: CC: HALSTEAD, JEFFREY E MD ~

Order Date: 10/21/16

Procedure Reason: bilateral puolmonary infiltrate and right pleural effusion

Exam: CR Chest PORTABLE

*** Signed Status ***

IMPRESSION: Large partially loculated right pleural effusion with dense consolidation in the right lung and consolidative change of the left lung base.

INDICATION: 37 years old: Male. Symptom/Location/Duration: Pleural effusions and pneumonia

TECHNIQUE: AP chest radiograph. Comparison: 10/18/2016 and CT chest 10/20/2016

FINDINGS:

LUNGS: Large partially loculated right pleural effusion. Described air within the pleural space on CT is not appreciated on this x-ray. There is again consolidative change in the right lung and at the left lung base. CARDIOVASCULAR: Heart size is within normal limits.

MEDIASTINUM: There is a feeding tube with its tip located below the left hemidiaphragm.

MSK: No acute displaced fracture.

OTHER: None.

Thank you for choosing Mercy Health System

<Electronically signed by FRASER H BROWN, MD in OV>

Clinical Assistant Professor of Radiology, Drexel Univ. College of Medicine

Interpreting: BROWN, FRASER H MD Dictated: 10/21/16 1326 Signoff: 10/21/16 1329

FA1307223089

1022-0021

978935.001

1022-0088

Mercy Fitzgerald Hospital Mercy Health System Department of Radiology

1500 Lansdowne Avenue Darby, PA 19023 610-237-4358

David P Mayer, MD, MS, FACR, Chairman Oleg Teytelboym, MD, Radiology Director Gerard Berry, MD

Fraser Brown, MD Stanley Chan, MD Malgorzata Goralczyk, MD Larvssa Hud, MD Salmi Simmons, MD

Exam Date:

Status:

RAD #

SCHEDULING: (610) 237-2525

Location:

Caroline Ling, MD Justin Mackey, MD Scott Rotenberg, MD

10/22/16

ADM IN

506-01

Robert Borden, MD Michael Brooks, MD, JD

Acct #:

Order #.

Report #:

Accession #:

EFUNNUGA, OLUTOKUNBO Patient: F001250247 Med Rec #: Date of Birth: 03/06/1979 Gender: M Phone #: (000)000-0000

CHOWDHURY, JUNAD MD Ordering Physician: HALSTEAD, JEFFREY E MD ~

Order Date: 10/22/16

Procedure Reason: respiratory distress

Exam: CR Chest PORTABLE

*** Signed Status ***

IMPRESSION:

CC:

- Left-sided PICC line terminates approximately 3.5 cm within the right atrium.
- Probably moderate right pleural effusion, possible left pleural effusion, and patchy pulmonary infiltrates bilaterally, grossly similar to the most recent previous chest x-ray. Considerations include cardiogenic pulmonary edema, ARDS, multifocal perhaps aspiration pneumonia.

INDICATION: 37 years old; Male. Symptom/Location/Duration: Respiratory distress.

TECHNIQUE: AP chest radiograph. Comparison: Previous day.

FINDINGS:

LUNGS: Patchy bilateral lung infiltrates and probably moderate right pleural effusion, similar to the previous chest x-ray. No pneumothorax. Trachea midline.

CARDIOVASCULAR: Cardiopericardial silhouette appears top normal in size.

MEDIASTINUM: Unchanged. MSK: No acute displaced fracture.

OTHER: Left-sided PICC line terminates about 3.5 cm within the right atrium. Feeding tube extends into the stomach, below the inferior margin of the film.

Thank you for choosing Mercy Health System

<Electronically signed by ROBERT F BORDEN, DO in OV> e-Sign Pager: (610)221-0286

Interpreting: BORDEN, ROBERT F DO Dictated: 10/22/16 1641 Signoff: 10/22/16 1645

PATIENT IMAGES or REPORTS: (610) 237-4358

Mercy Fitzgerald Hospital Mercy Health System

Department of Radiology

1500 Lansdowne Avenue Darby, PA 19023 610-237-4358

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Stanley Chan, MD Gerard Berry, MD Malgorzata Goralczyk, MD Robert Borden, MD

Caroline Ling, MD Justin Mackey, MD Scott Rotenberg, MD

Laryssa Hud, MD Salmi Simmons, MD

Fraser Brown, MD

EFUNNUGA, OLUTOKUNBO 10/23/16 Patient: Acct #: FA1307223089 Exam Date: F001250247 Med Rec #: Order # 1023-0011 Status: ADM IN Date of Birth: 03/06/1979 979140.001 506-01 Gender: M Location: Accession #: (000)000-0000 Report #: 1023-0063 RAD #:

Michael Brooks, MD, JD

Phone #: Ordering Physician: THUMMALAPENTA, SIRISHA MD

CC: HALSTEAD, JEFFREY E MD ~

Order Date: 10/23/16 Procedure Reason: tachypnea

Exam: CR Chest PORTABLE

*** Signed Status ***

IMPRESSION: No interval change in bilateral pleural effusions, right greater than left and bilateral patchy airspace opacities, consistent with pneumonia or aspiration.

INDICATION: 37 years old; Male. Symptom/Location/Duration: Tachypnea

TECHNIQUE: AP chest radiograph. Comparison: Multiple prior chest x-rays, most recently on 10/23/2016.

Chest CT on 10/20/2016.

FINDINGS:

LUNGS: There are bilateral pleural effusions, right greater than left, and patchy consolidation in the bilateral lower lobes, similar in appearance to prior exams. There is no pneumothorax.

CARDIOVASCULAR: Heart is enlarged.

MEDIASTINUM: No adenopathy. MSK: No acute displaced fracture.

OTHER: There is a left-sided PICC, which terminates at the superior vena cava. There is a Dobbhoff tube, which courses extends at least to the level of the stomach.

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<Electronically signed by CAROLINE M LING, MD in OV>

e-Sign Pager: 610-221-9333

SCHEDULING: (610) 237-2525

Interpreting: LING, CAROLINE M MD Dictated: 10/23/16 1435 Signoff: 10/23/16 1439 FA1307223089

1024-0004

979278.001

1024-0053

Mercy Fitzgerald Hospital Mercy Health System Department of Radiology

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CC:

David P Mayer, MD,MS,FACR, Chairman Oleg Teytelboym, MD, Radiology Director Gerard Berry, MD

Stanley Chan, MD

Malgorzata Goralczyk, MD

Laryssa Hud, MD

Exam Date:

Status:

Location:

RAD #:

Fraser Brown MD

Caroline Ling, MD
Justin Mackey, MD
Scott Rotenberg, MD
Salmi Simmons, MD

10/24/16

ADM IN

506-01

e-Sign Pager: (610)221-4559

Robert Borden, MD Michael Brooks, MD, JD

Acct #:

Order #.

Report #:

Accession #:

Patient: EFUNNUGA,OLUTOKUNBO
Med Rec #: F001250247

Date of Birth: 03/06/1979 Gender: M
Phone #: (000)000-0000
Ordering Physician: RAO,SANDHYA R MD

cian: RAO, SANDHYA R MD HALSTEAD, JEFFREY E MD ~

Order Date: 10/23/16

Procedure Reason: empyema

Exam: CR Chest PORTABLE

*** Signed Status ***

IMPRESSION: Again seen are unchanged patchy opacities in the lungs most prominent in the lower lobes reflecting residual pneumonia. The cavitary lesion in the right lung is better seen on the chest CT. A very tiny right-sided pneumothorax seen at the right lung apex is better seen on the chest CT.

INDICATION: 37 years old; Male. Symptom/Location/Duration: Patient with HIV and empyema and history of right-sided thoracentesis

TECHNIQUE: AP chest radiograph. Comparison: Chest CT 10/20/2016 and a chest x-ray 10/23/2016

FINDINGS:

LUNGS: Again seen are unchanged patchy opacities in the lungs most prominent in the lower lobes reflecting residual pneumonia. The cavitary lesion in the right lung is better seen on the chest CT. A very tiny right-sided pneumothorax seen at the right lung apex is better seen on the chest CT.

CARDIOVASCULAR: Heart size is within normal limits.

MEDIASTINUM: There is a enteric tube identified with its distal tip projecting off the film.

MSK: No acute displaced fracture.

OTHER: None.

Thank you for choosing Mercy Health System

<Electronically signed by STANLEY U CHAN, MD in OV> Clinical Assistant Professor of Radiology, Drexel Univ. College of Medicine

Interpreting: CHAN, STANLEY U MD Dictated: 10/24/16 0935 Signoff: 10/24/16 0940

1500 Lansdowne Avenue Darby, PA 19023 610-237-4358 David P Mayer, MD, MS, FACR, Chairman Oleg Teytelboym, MD, Radiology Director Gerard Berry, MD Robert Borden, MD Fraser Brown, MD Caroline Ling, MD
Stanley Chan, MD Justin Mackey, MD
Malgorzata Goralczyk, MD Scott Rotenberg, MD
Laryssa Hud, MD Salmi Simmons, MD

e-Sign Pager: (610)221-4559

Michael Brooks, MD, JD

Patient: **EFUNNUGA, OLUTOKUNBO** Acct #: FA1307223089 Exam Date: 10/24/16 Med Rec #: F001250247 Order #. 1024-0105 Status: ADM IN Date of Birth: 03/06/1979 Gender: M Accession #: 979798.001 Location: 506-01 (000)000-0000 1024-0257 RAD #. Phone #: Report #:

Ordering Physician: MARCOE, JEFFREY P MD CC: HALSTEAD, JEFFREY E MD ~

Order Date: 10/24/16

Procedure Reason: Post mini thoracotomy, chest tube placement

Exam: CR Chest PORTABLE

*** Signed Status ***

IMPRESSION:

1. Placement of 2 right-sided chest tube with improvement in aeration of the right lung. No visible pneumothorax. Patchy opacities in the upper to mid right lung may be sequela of chest tube placement. 2. Persistent small left-sided pleural effusion.

INDICATION: 37 years old; Male. Symptom/Location/Duration: Thoracotomy and chest tube placement

TECHNIQUE: AP chest radiograph. Comparison: 10/24/2016

FINDINGS:

LUNGS: There are 2 right-sided chest tubes with no visible pneumothorax. Patchy residual opacities in the right midlung may be related to the chest tube placement. There is a small left-sided pleural effusion. Endotracheal tube is identified 4 cm above the carina.

CARDIOVASCULAR: Heart size is within normal limits. There is a left-sided PICC line with its tip in the superior vena cava.

MEDIASTINUM: No adenopathy. Feeding tube identified with its tip in the distal stomach

MSK: No acute displaced fracture.

OTHER: None.

Thank you for choosing Mercy Health System

<Electronically signed by STANLEY U CHAN, MD in OV> Clinical Assistant Professor of Radiology, Drexel Univ. College of Medicine

Interpreting: CHAN, STANLEY U MD Dictated: 10/24/16 1531 Signoff: 10/24/16 1534

1500 Lansdowne Avenue Darby, PA 19023 610-237-4358 David P Mayer, MD, MS, FACR, Chairman Oleg Teytelboym, MD, Radiology Director

Oleg Teytelboym, MD, Radiology Dire Gerard Berry, MD Robert Borden, MD Michael Brooks, MD, JD Fraser Brown, MD Ca Stanley Chan, MD Just

Malgorzata Goralczyk, MD

Laryssa Hud, MD

Caroline Ling, MD Justin Mackey, MD Scott Rotenberg, MD

Salmi Simmons, MD

Patlent: **EFUNNUGA,OLUTOKUNBO**Med Rec #: **F001250247**Date of Birth: 03/06/1979 Gender: M

Order #. Accession #: Report #:

Acct #:

FA1307223089 1025-0004 979845.001 1025-0076 Exam Date: Status: Location: RAD #:

e-Sign Pager: (610)221-9213

10/25/16 ADM IN 506-01

Phone #: (000)000-0000 R
Ordering Physician: IRIARTE OPORTO,BLANCA E MD

CC: H

HALSTEAD, JEFFREY E MD ~

Order Date: 10/24/16

Procedure Reason: INTUBATED

Exam: CR Chest PORTABLE

*** Signed Status ***

IMPRESSION:

- 1. No change in right-sided chest tubes. Improvement in right upper lobe consolidation. No gross residual pneumothorax.
- Decrease without resolution left pleural effusion.
- Endotracheal tube above the carina.

INDICATION: 37 years old; Male. Symptom/Location/Duration: Intubated.

TECHNIQUE: AP chest radiograph. Comparison: Chest x-ray dated 10/24/2016.

FINDINGS:

LUNGS: Improvement in right upper lobe consolidation and atelectasis. No change in chest tube position on the right. No gross residual pneumothorax is seen. There is improvement without resolution of left pleural effusion.

CARDIOVASCULAR: Heart size is within normal limits.

MEDIASTINUM: No adenopathy. MSK: No acute displaced fracture.

OTHER: Endotracheal tube has been advanced. Its tip is now present 3.34 cm above the carina.

Thank you for choosing Mercy Health System

<Electronically signed by MICHAEL L BROOKS, MD in OV>

Clinical Associate Professor of Radiology, Drexel Univ. College of Medicine

Interpreting: BROOKS, MICHAEL L MD Dictated: 10/25/16 1050 Signoff: 10/25/16 1051

Mercy Fitzgerald Hospital **Mercy Health System**

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Fraser Brown, MD

Caroline Ling, MD

Justin Mackey, MD

Scott Rotenberg, MD

Salmi Simmons, MD

e-Sign Pager: (610)221-4559

Michael Brooks, MD, JD

EFUNNUGA, OLUTOKUNBO Patient: Acct #: FA1307223089 Exam Date: 10/26/16 F001250247 1026-0002 ADM IN Med Rec#: Order #: Status: 980466.001 506-01 Date of Birth: 03/06/1979 Gender: M Accession #: Location: 1026-0029 RAD #: Phone #: (610)622-4387 Report #:

Ordering Physician: IRIARTE OPORTO, BLANCA E MD

CC: HALSTEAD, JEFFREY E MD ~

Order Date: 10/25/16

Procedure Reason: lung infiltrates

Exam: CR Chest PORTABLE

*** Signed Status ***

IMPRESSION: The endotracheal tube has been removed. There are 2 right-sided chest tubes unchanged in position. No visible pneumothorax. There are patchy opacities in both lungs which are grossly unchanged given smaller lung volumes.

INDICATION: 37 years old; Male. Symptom/Location/Duration: Patient was extubated after drug overdose

TECHNIQUE: AP chest radiograph. Comparison: 10/25/2016

FINDINGS:

LUNGS: The endotracheal tube has been removed. There are 2 right-sided chest tubes unchanged in position. No visible pneumothorax. There are patchy opacities in both lungs which are grossly unchanged given smaller lung volumes.

CARDIOVASCULAR: Heart size is within normal limits. There is a left-sided PICC line with its tip in the superior vena cava.

MEDIASTINUM: No adenopathy. MSK: No acute displaced fracture.

OTHER: Enteric tube is identified with its tip projecting off the film.

Thank you for choosing Mercy Health System

<Electronically signed by STANLEY U CHAN, MD in OV> Clinical Assistant Professor of Radiology, Drexel Univ. College of Medicine

Interpreting: CHAN, STANLEY U MD Dictated: 10/26/16 0859 Signoff: 10/26/16 0904

1500 Lansdowne Avenue Darby, PA 19023

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Laryssa Hud, MD Salmi Simmons, MD

e-Sign Pager: 610-221-9217

EFUNNUGA.OLUTOKUNBO Patient: F001250247 Med Rec #:

Date of Birth: 03/06/1979 (610)622-4387 Phone #:

Gender: M MANN,RUPINDER K MD Acct #: Order # Accession #: Report #:

FA1307223089 1026-0071 981171.001 1027-0012

Exam Date: Status: Location: RAD #:

10/26/16 ADM IN 506-01

Ordering Physician: CC: HALSTEAD, JEFFREY E MD ~

Order Date: 10/26/16

Procedure Reason: Chest tube under water seal

Exam: CR Chest PORTABLE

*** Signed Status ***

IMPRESSION: Stable position of 2 right-sided chest tubes. Decrease in bilateral pleural effusions. No pneumothorax.

INDICATION: 37 years old; Male. Symptom/Location/Duration: Chest tube underwater seal. Jugular overdose.

TECHNIQUE: AP chest radiograph. Comparison: Chest x-ray dated 10/26/2016. CT chest dated 10/20/2016.

FINDINGS:

LUNGS: 2 right-sided chest tubes are unchanged. Small bilateral pleural effusions, likely decreased. No definite pneumothorax.

CARDIOVASCULAR: Heart size is within normal limits. Left-sided PICC line, tip overlying the right atrium, unchanged.

MEDIASTINUM: No adenopathy. MSK: No acute displaced fracture.

OTHER: Dobbhoff tube coursing below diaphragm, tip not visualized.

Thank you for choosing Mercy Health System

<Electronically signed by LARYSSA M HUD, MD in OV>

Interpreting: HUD, LARYSSA M MD Dictated: 10/27/16 0835 Signoff: 10/27/16 0837

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Oleg Teytelboym, MD, Radiology E Gerard Berry, MD Robert Borden, MD Michael Brooks, MD, JD Fraser Brown, MD Caroline Ling, MD
Stanley Chan, MD Justin Mackey, MD
Malgorzata Goralczyk, MD Scott Rotenberg, MD

Laryssa Hud, MD Salmi Simmons, MD

Patient: **EFUNNU**Med Rec #: **F0012502**Date of Birth: 03/06/1979

EFUNNUGA,OLUTOKUNBO F001250247 03/06/1979 Gender: M Acct #: FA1307223089
Order #: 1027-0003
Accession #: 981177.001
Report #: 1027-0065

Exam Date: Status: Location: RAD #: 10/27/16 ADM IN 506-01

Phone #: (610)
Ordering Physician:

(610)622-4387 R cian: IRIARTE OPORTO,BLANCA E MD

CC: H

HALSTEAD, JEFFREY E MD ~

Order Date: 10/26/16

Procedure Reason: chest tubes

Exam: CR Chest PORTABLE

*** Signed Status ***

IMPRESSION: No change in 2 right-sided chest tubes. No pneumothorax. Small bilateral pleural effusions.

INDICATION: 37 years old; Male. Symptom/Location/Duration: Chest tubes. Drug overdose.

TECHNIQUE: AP chest radiograph. Comparison: Chest x-ray 10/26/2016. CT chest 10/20/2016.

FINDINGS:

LUNGS: Low lung volumes. There are 2 right-sided chest tubes, unchanged in position. There is no pneumothorax seen. Small bilateral pleural effusions.

CARDIOVASCULAR: Heart size is within normal limits. Left-sided PICC line, tip overlying the proximal right atrium, unchanged.

MEDIASTINUM: No adenopathy.

MSK: No acute displaced fracture.

OTHER: Dobbhoff tube coursing below the diaphragm, tip overlying the distal stomach/proximal duodenum.

Thank you for choosing Mercy Health System

<Electronically signed by LARYSSA M HUD, MD in OV>

e-Sign Pager: 610-221-9217

Interpreting: HUD, LARYSSA M MD

Dictated: 10/27/16 1017

Signoff: 10/27/16 1019

PATIENT IMAGES or REPORTS: (610) 237-4358

SCHEDULING: (610) 237-2525

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Justin Mackey, MD Scott Rotenberg, MD Salmi Simmons, MD

EFUNNUGA, OLUTOKUNBO FA1307223089 Exam Date: 10/27/16 Patient: Acct #: ADM IN Med Rec#: F001250247 Order #: 1027-0030 Status: 417-02 Accession #: 981530.001 Location: Date of Birth: 03/06/1979 Gender: M 1027-0153 RAD #: Report #:

Michael Brooks, MD, JD

Phone #: (610)622-4387 Ordering Physician: REGAN, JOHN E MD CC: HALSTEAD, JEFFREY E MD ~

Order Date: 10/27/16

Procedure Reason: persistent tachycardia, concern for PE

Exam: CT Chest Angiography

*** Signed Status ***

IMPRESSION:

- 1. No central pulmonary embolus. Evaluation of segmental and subsegmental branches of pulmonary arteries is limited due to suboptimal opacification of the vessels.
- 2. Bilateral small pleural effusions, right effusion has decreased in volume. Left effusion has mildly increased.
- Increasing airspace consolidations throughout the right lung. Stable airspace consolidation in the left lower lobe. Decrease in air containing cavitary component of right lung consolidation. Unchanged cavitation in the left lower lung.
- 4. Following placement of 2 right-sided chest tubes there has been resolution of pneumothorax

INDICATION: 37 years old: Male. Persistent tachycardia, suspicion for pulmonary embolus.

TECHNIQUE: CTA CHEST pulmonary artery phase; axial, coronal, sagittal, MIP, 3-D reformats. Contrast IV (Isovue-370): 56 ml. Comparison: CT scan of the chest on October 20, 2016.

FINDINGS:

LOWER NECK: No thyroid nodule or adenopathy.

MEDIASTINUM: Enlarged right paratracheal lymph node measuring approximately 2.8 x 1.7 cm. Increased in number nonenlarged mediastinal lymph nodes, mildly increasing in size since the prior study.

PULMONARY ARTERIES: No central pulmonary embolus. Evaluation of segmental and subsegmental branches is difficult due to heterogeneous contrast bolus. Main PA: Normal size, 2.7 cm (normal <3 cm). THORACIC AORTA: Normal size, 2.8 cm max diameter (normal male ascending <4 cm; descending <3 cm). Aortic valve: No leaflet calcifications.

HEART: Coronary arteries: No calcified plaque. Left atrium: Normal size, 4.5 cm transverse diameter (normal <7.3 cm). No pericardial effusion.

LUNGS/AIRWAYS/PLEURA: Small bilateral pleural effusions. The right pleural effusion is partially loculated and has decreased in size since prior study. The left pleural effusion has mildly increased in volume since prior study. The more posterior right-sided chest tube terminates in the air pockets in the right upper lobe. This air component of right-sided consolidation has decreased in size in size since prior study. Worsening consolidation in the right upper and right lower lobes and unchanged consolidation in the left lower lobe with stable cavitary component.. Bronchi are normal.

UPPER ABDOMEN: No free air or ascites in visualized abdomen. Dobbhoff tube terminates in the stomach. Left PICC line terminates in the right atrium. 2 right-sided chest tubes terminate in the right upper lung. The more posterior tube terminates in cavitary component of the right upper lobe consolidation.

MSK: No fracture or malalignment. No lytic or blastic lesions.

Bilateral mildly enlarged axillary lymph nodes. These are likely reactive.

Small amount of air along the right-sided chest wall. Diffuse infiltration of right-sided chest wall, including subcutaneous soft tissues is likely related to placement of chest tubes.

Case 2:18-cv-00924-PD Document 15-11 Filed 05/03/18 Page 155 of 160

Page 2 of 2

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Michael Brooks, MD, JD

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Stanley Chan, MD Justin Mackey, MD
Malgorzata Goralczyk, MD Scott Rotenberg, MD
Laryssa Hud, MD Salmi Simmons, MD

EFUNNUGA, OLUTOKUNBO FA1307223089 Exam Date: 10/27/16 Patient: Acct #: F001250247 ADM IN Med Rec #: Order #. 1027-0030 Status: Date of Birth: 03/06/1979 Gender: M Accession #: 981530.001 Location: 417-02 Report #: 1027-0153 RAD #:

Phone #: (610)622-4387

Ordering Physician: REGAN, JOHN E MD

CC: HALSTEAD, JEFFREY E MD ~

Order Date: 10/27/16

Thank you for choosing Mercy Health System

Electronically signed by MALGORZATA E GORALCZYK, MD in OV> e-Sign Pager:

610-221-9302

Clinical Assistant Professor of Radiology, Drexel Univ. College of Medicine

Interpreting: GORALCZYK, MALGORZATA E MD Dictated: 10/27/16 1246 Signoff: 10/27/16 1319

Case 2:18-cv-00924-PD Document 15-11 Filed 05/03/18 Page 156 of 160

FA1307223089

1028-0006

981866.001

1028-0209

Mercy Fitzgerald Hospital Mercy Health System

Department of Radiology 1500 Lansdowne Avenue

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CC:

David P Mayer, MD, MS, FACR, Chairman Oleg Teytelboym, MD, Radiology Director

Gerard Berry, MD Robert Borden, MD Michael Brooks, MD, JD

Acct #:

Order #

Report #:

Accession #:

Fraser Brown, MD Caroline Ling, MD Stanley Chan, MD Justin Mackey, MD Scott Rotenberg, MD Małgorzata Goralczyk, MD

Exam Date:

Status:

RAD #:

Location:

Laryssa Hud, MD Salmi Simmons, MD

10/28/16

ADM IN

417-02

EFUNNUGA, OLUTOKUNBO Patient: F001250247 Med Rec #:

Date of Birth: 03/06/1979 Phone #: (610)622-4387

Gender: M RAO, SANDHYA R MD

Ordering Physician: HALSTEAD, JEFFREY E MD ~

Order Date: 10/27/16

Procedure Reason: pneumothorax

Exam: CR Chest Routine 2 Views

*** Signed Status ***

IMPRESSION:

Unchanged aeration of the lungs. No pneumothorax.

Dobbhoff tube has been discontinued. Unchanged left PICC line.

INDICATION: 37 years old; Male. Follow-up for pneumothorax.

TECHNIQUE: PA and Lateral chest radiographs. Comparison: Chest radiograph on October 27, 2016. Chest CT on October 27, 2016.

FINDINGS:

LUNGS: Unchanged bilateral small pleural effusions. Unchanged opacities at the lung bases. No pneumothorax.

CARDIOVASCULAR: Heart size is within normal limits.

MEDIASTINUM: No adenopathy. MSK: No acute displaced fracture.

OTHER: Dobbhoff tube has been discontinued. Left PICC line projects over the right atrium...

Thank you for choosing Mercy Health System

<Electronically signed by MALGORZATA E GORALCZYK, MD in OV>

e-Sign Pager:

610-221-9302

Clinical Assistant Professor of Radiology, Drexel Univ. College of Medicine

Dictated: 10/28/16 1547 Interpreting: GORALCZYK, MALGORZATA E MD Signoff: 10/28/16 1550

FA1307223089

1027-0119

981819.001

1028-0210

Mercy Fitzgerald Hospital Mercy Health System Department of Radiology

1500 Lansdowne Avenue Darby, PA 19023 610-237-4358

David P Mayer, MD, MS, FACR, Chairman Oleg Teytelboym, MD, Radiology Director

Gerard Berry, MD Robert Borden, MD Michael Brooks, MD, JD

Acct #:

Order #.

Report #:

Accession #:

Fraser Brown MD Caroline Ling, MD Stanley Chan, MD Justin Mackey, MD Malgorzata Goralczyk, MD Scott Rotenberg, MD

Exam Date:

Status:

Location: RAD#:

Salmi Simmons, MD Larvssa Hud, MD

10/27/16

ADM IN

417-02

EFUNNUGA, OLUTOKUNBO Patient: F001250247 Med Rec #:

03/06/1979

Gender: M (610)622-4387 Ordering Physician:

MARCOE, JEFFREY P MD HALSTEAD, JEFFREY EMD ~

Order Date: 10/27/16

Procedure Reason: chest tubes removed

Exam: CR Chest PORTABLE

*** Signed Status ***

IMPRESSION:

Date of Birth:

Phone #:

CC:

- Interval removal of 2 right-sided chest tubes. No pneumothorax.
- Small bilateral pleural effusions, unchanged.
- Hazy right lower lobe consolidation better seen on 10/27/2016 chest; consistent with known aspiration pneumonia.

INDICATION: 37 years old: Male. Symptom/Location/Duration: Interval removal of chest tube. Status post suicide attempt. Aspiration pneumonia.

TECHNIQUE: AP chest radiograph. Comparison: Multiple chest radiograph, most recent one dated 10/27/ 2016. Chest CT angiography 10/27/2016

FINDINGS:

LUNGS: Interval removal of 2 right-sided chest tubes. No pneumothorax. Small bilateral pleural effusions, unchanged. Hazy right lower lobe consolidation better seen on 10/27/2016 chest CT.

CARDIOVASCULAR: Heart size is within normal limits. Left sided PICC line with tip overlying the proximal right atrium, unchanged

MEDIASTINUM: No adenopathy. MSK: No acute displaced fracture.

OTHER: Dobbhoff tube coursing below the right hemidiaphragm, unchanged.

The study was reviewed with the attending radiologist Dr. Malgorzata Goralczyk, who is in agreement.

Thank you for choosing Mercy Health System

<Electronically signed by MALGORZATA E GORALCZYK, MD in OV>

e-Sign Pager:

610-221-9302

Clinical Assistant Professor of Radiology, Drexel Univ. College of Medicine

Signoff: 10/28/16 1551 Dictated: 10/28/16 0936 Interpreting: SCHULERI, KARL HEINZ MD

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Malgorzata Goralczyk

Robert Borden, MD

Laryssa Hud, MD

Fraser Brown, MD

Stanley Chan, MD

Malgorzata Goralczyk, MD

Salmi Simmons, MD

Stanley Chan, MD

Salmi Simmons, MD

EFUNNUGA, OLUTOKUNBO Acct #: FA1307223089 Exam Date: 10/27/16 Patient: F001250247 1027-0001 Status: DIS IN Med Rec #: Order #: 03/06/1979 Gender: M Accession #: 981114.001 Location: 411-02 Date of Birth: (610)622-4387 1107-0264 Report #: RAD #: Phone #:

Michael Brooks, MD, JD

Ordering Physician: MANN,RUPINDER K MD CC: HALSTEAD,JEFFREY E MD ~

Order Date: 10/26/16

Procedure Reason: Dysphagia

Exam: CR Barium Swallow W Video

*** Signed Status ***

IMPRESSION: Mild-moderate oral dysphagia/moderate-severe pharyngeal dysphagia with silent aspiration with thin liquids.

The attending radiologist Dr. Goralczyk and the radiology resident Dr.Schuleri concurred with the above radiographic findings.

Fluoroscopy time: 6.3 minutes; 2 spot films taken.

Linda Sheehan, CCC-SLP

RECOMMENDATIONS:

- 1. Moist puree/nectar thick liquid diet level; no ice chips allowed.
- 2. Strict aspiration/GER precautions with 1:1 assist for verbal cueing to remind patient to place his head down when swallowing all textures, alternate food with liquid and to take a single cup sip of nectar thick liquid-no consecutive sips. Patient with short-term memory cognitive deficit.
- 3. Speech to follow closely to ensure diet tolerance; will see at dinner tonight.

A videofluoroscopic swallowing function study was conducted jointly by speech pathology and radiology to determine the risk or presence of dysphagia induced aspiration, identify etiology of dysphagia symptoms, and delineate treatment plan as indicated.

HISTORY: This 37 years-old Male I.P.was referred for a video swallow study in order to further assess oral/pharyngeal/esophageal functioning during P.O.intake related to coughing at meals per nursing and probable vocal cord dysfunction characterized by dysphonia.

Patient with complicated hospital course which included 8 days of intubation secondary to drug overdose, delirium and agitation, R lung empyema status post decortication and drainage with chest tube placement and persistent elevated WBC with recurrent elevated temperature. Other previous medical history includes HIV, glaucoma.

VIEWED PROJECTIONS: The patient was viewed in a seated upright position in the lateral and A-P planes.

SUBSTANCES: The following barium-impregnated consistencies were given: Puree, nectar thick liquid, thin liquids, banana, cake, diced chicken salad.

RESULTS OF TESTING: The following documentation is a summary of the full report placed in Meditech 10/27/2016.

ORAL STAGE: Mild-moderate oral dysphagia characterized by reduced bolus formation with all consistencies with pre-swallow transfer to the pharynx, prolonged mastication with soft solids with piecemeal deglutition, WFL-mild delay in oral transit time and oral residue.

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Mercy Fitzgerald Hospital **Mercy Health System** Department of Radiology

1500 Lansdowne Avenue Darby, PA 19023 610-237-4358

Patient:

Phone #:

CC:

David P Mayer, MD, MS, FACR, Chairman Oleg Teytelboym, MD, Radiology Director

Gerard Berry, MD Robert Borden, MD Frazier Brown, MD Stanley Chan, MD

Laryssa Hud, MD

Malgorzata Goralczyk, MD

Exam Date:

Status:

RAD #:

Location:

Caroline Ling, MD Justin Mackey, MD Scott Rotenberg, MD Salmi Simmons, MD

10/27/16

DIS IN

411-02

Michael Brooks, MD, JD

EFUNNUGA.OLUTOKUNBO Acct #: F001250247 Med Rec #: Order #: Date of Birth: 03/06/1979 Accession #: 981114.001 Gender: M

(610)622-4387

Ordering Physician: MANN, RUPINDER K MD HALSTEAD, JEFFREY E MD ~

Order Date: 10/26/16

PHARYNGEAL STAGE: Moderate-severe pharyngeal dysphagia with silent aspiration x1 with thin liquid and trace penetration x2 with nectar liquid. Swallow initiation: WFL-mild delay, reduced pharyngeal constriction, and vallecular and pyriform sinus retention with soft solids (moderate-severe and severe) requiring a nectar "chaser" to clear. Pre-swallow leakage to the pyriform sinus and retention in the pyriform sinus were contributing factors of aspiration/penetration on thin and nectar liquids respectively.

Report #:

During the A-P plane suspected right vocal cord paralysis noted characterized by no adduction to median during phonation of the right vocal fold.

ESOPHAGEAL STAGE: Screening revealed hold up with redirection of soft solid boluses with clearance following a nectar thick liquid "chaser".

Thank you for choosing Mercy Health System

<Electronically signed by MALGORZATA E GORALCZYK, MD in OV>

e-Sign Pager:

610-221-9302

Clinical Assistant Professor of Radiology, Drexel Univ. College of Medicine

Interpreting: SHEEHAN, LINDA CCC-SLP

Dictated: 11/07/16 1447

Signoff: 11/07/16 1659

Surgical / Invasive Procedure Site Verification

Location of Procedure Operating Room Interventional Radiology	☐ Endoscopy Suite ☐ Cérdiac Cath Lab ☐ Other
Verification #1 SPU Date Time SPU Verified correct patient	Nursing Unit ED Other
Verified correct site: Left Wo Laterali	y Right Bilateral Level
Verified correct procedure as stated by patient/family/g	uardian
Verified operative consentraccurately completed and si	gned
RN/Technician Signature	Any discrepancy call physician
	ation and Marking /Pre-Procedure Area
Date Time	
Verified correct patient	
Verified correct procedure	
Verified all relevant documents are available and match	ned to the patient's identifiers
Verified operative consent accurately completed and si	gned
Verified correct diagnostic and radiology test results are	_ ' ' <u> </u>
Proceduralist marked: Site Left	☐ No Laterality ☐ Right ☐ Bilateral Level
Verfied blood products, equipment/implants or special patient's identifiers appropriate	equipment are available, labeled and matched to
RN/Technician Signature	Any discrepancy call physician
Verification #2 Final Verification	(Patient is on procedure table)
Date Time "Final Time Out"	•
Attending Proceduralist verified correct patient	
Procedure consent is accurate and signed .	
Correct side and site marking visible after draping and	confirmed
All in agreement of procedure to be done	
Correct patient positioning	•
Radiographic images and results are properly labeled a	and displayed as appropriate
Antibiotic administered prior to incision as appropriate	
Fluids for imigation available if appropriate	
Safety precautions addressed as appropriate (allergies /implants)	
Sequential device present as appropriate	
Surgical/Procedure Team Confirms - "Does anyone proceeding?" "Is everyone in agreement?"	have any questions or concems before
Signature RN Technician	Additional procedure "Time Out" if applicable
lercy Fitzgerald Hospital member of Mercy Health System	EFUNNUGA, OLUTOKUNBO

SURGICAL/INVASIVE PROCEDURE SITE VERIFICATION



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Adm: 10/7/2016 Acc: FA1307223089

MR#: F001250247

